MEDICAL STUDENTS CONFERENCE

Agenda and guide 2024
12 – 13 April 2024

#MEDstudentconf
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Chair of agenda committee

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Immediate past chair of conference

Chinelo Nnadi
MSC co-chair 2023-24

Shivani Ganesh
MSC co-chair 2023-24

#MEDstudentconf
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Welcome from the chair of the medical students conference 2024

Congratulations on securing a seat to the most prestigious national event for medical students across the UK! You are weeks away from attending the medical students conference – a conference representing over 40,000+ students across the nation. At this conference, you will meet highly talented and passionate people, all brought together by a sense of contribution and commitment to bring about change. Here we hope you find yourself continuously stimulated, but above all else, inspired.

The BMA medical student conference gives you the opportunity to form new policy and impact change, shaping our future as medical professionals. Whether this is your first time getting involved in medical politics or you already have extensive experience in this field, this is the best place to start the course of change. The policy formed at conference is taken forward by the UK medical students committee and its counterparts in the devolved nations to make real changes over the subsequent year and beyond.

As student doctors, we have the capacity to impact change beyond the clinical setting. From a pandemic to a cost-of-living crisis, we’ve entered training during extraordinary political times. Although such times are challenging and disheartening, it gives us a greater appreciation for the systemic factors that affect our health systems and the populations we will care for. Medical students are empowered to be at the forefront of providing progressive ideas, and as the doctors of tomorrow, we have the capacity to play an essential role in championing change and advocating for the most vulnerable. Indeed, we have a unique chance to make meaningful change.

Our conference is packed with exciting motions, workshops, and speakers! It is always best to come well prepared for conference to keep up with our packed schedule. We would recommend going through the agenda and having a think about which motions you are most passionate about. The agenda includes a complete guide that explains the process of debate and will help you better prepare for the day. We would also recommend that you meet with your delegation and get in touch with students from other medical schools.

We hope you make the most of this opportunity to inspire meaningful change, both for our future practice, and for those that are yet to come.

We look forward to meeting you all at conference!

Marguerite O’Riordan
Chair of agenda committee

Noor Al-Saffar
Deputy chair of agenda committee
Tips and things to remember

This agenda and guide
Please read this agenda and guide before conference. It contains important information that you will need to help you through conference, including the motions which will be debated. Read these carefully and be prepared to contribute to the debate on behalf of your medical school.

Get involved in conference
Especially if it’s your first conference!
1. Submit a speaker slip:
   No need to be an expert, some of the best speeches are emotive and simple
2. Change a motion to input into policy:
   By editing it (an amendment) or adding a section or action (a rider)
3. Read through the agenda to familiarise yourselves with the topics, so that you are ready to feel empowered and to make change.

Socialise
Make sure you take the opportunity to make connections with medical students across the country, and get top tips about how to get involved in medical politics and leadership.

Registration
Registration will take place from 11.45am on Friday 12 April 2024. You will be issued with a badge and asked to sign the attendance sheet. The registration desk will be open for enquiries throughout the conference. Please make sure that you sign the attendance sheet on each day so that you may claim your expenses (see below).

Badges
Please wear your badge at all times while you are at the conference.
- Representatives – blue
- Speakers/Chairs – green
- BMA staff – black
- Agenda committee – red

Expenses
The BMA uses an electronic claim system for expenses called ‘Concur’. Please note that receipts are required for each claim made regardless of cost and must be submitted with your expenses form. Concur can be accessed via the website: www.concursolutions.com. A Concur app is also available to download which can be used to scan images of receipts.

A number of training guides are available on the BMA website: https://www.bma.org.uk/what-we-do/committees/committee-information/committee-policies-and-expenses

If you have any issues, please contact the MSC secretariat at info.students@bma.org.uk

As meals are being provided free of charge, other meal expenses will not be paid. Please do not try to claim these.

Feedback
We value your feedback and use this each year in designing the next year’s conference. Please complete your evaluation form on the app.

Catering arrangements
Breakfast will be served in your hotels. Lunch on the Friday and Saturday will be provided at BMA House. Dinner on Friday night will take place in the Snow and Paget Rooms at BMA House. Those representatives unable to travel home on the Saturday evening and staying in London will need to make their own arrangements for dinner. Please check your programme for meal times.

Quiet/prayer facilities
There will a quiet/prayer room available in BMA House. For room information, please ask a member of the AC or secretariat.

No-smoking policy
Please note that the BMA operates a strict no smoking policy at all its events. This includes the courtyard and outdoor spaces of BMA House.
Speaker prizes
There will be a number of prizes awarded to the best speakers at conference, including a prize for ‘best speaker’, ‘best first-time speaker’ and ‘best overall delegation’. The AC has organised a teach-in session on Friday to advise you about how conference works. We hope it will give you the encouragement to speak at conference.

Media coverage at conference
You should also be aware that there may be journalists present at conference, and what you say may be reported, both in the BMA media and in national press. As a result, you must think carefully about what you say to ensure that you do not bring the BMA into disrepute or leave yourself open to legal proceedings.

Political neutrality and The Lobbying Act 2014
Criticism or praise of the policies of any party is part of normal BMA activities. However, the BMA is an organisation free of party political allegiances and you should bear in mind that the BMA’s public image and credibility thrives on its political neutrality. Representatives are also asked to be particularly mindful not to fall foul of the Transparency of Lobbying, Non-party Campaigning and Trade Union Administration Act 2014. The BMA is registered with the Electoral Commission (regulatory body) as a non-party campaigner. Our expenditure on activities aimed at the public and intended to influence voters is closely monitored, as it is subject to statutory limits and strict reporting requirements. Representatives are therefore asked to refrain from making any statements intended to influence voters to vote for or against political parties or categories of candidates.

Defamation
Defamation comes in two forms –
(1) Libel which is the publication in permanent form of a defamatory statement, e.g. in writing (hard copy), recorded spoken words in video form or voice recording
(2) Slander is its publication in transitory form, e.g. spoken unrecorded word.

The law of defamation also applies to postings on the internet. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

It should be noted that there are a number of defences to a claim of defamation.

These include:
(a) Truth – being able to show that what was said is true
(b) Honest opinion – the honest expression of opinion
(c) Publication on matter of public interest – for those publishing material which they reasonably believe is in the public interest
(d) Absolute and qualified privilege – a statement fairly made in the discharge of a public or private duty

Where it is necessary to mention individuals, care should be taken to ensure that no gratuitous or unsustainable comment is made. Unsubstantiated information should not be given about individuals and/or organisations. If you are unsure on what you should and should not write we can provide further written guidance for you.
Programme and timetable for Medical Students Conference 2024

Friday 12 April 2024

11:45 – 12:30  Registration and lunch
12:30 – 12:45  Welcome from conference chair
12:45 – 13:00  Speech from the MSC co-chairs
13:00 – 13:45  Keynote address
13:45 – 14:05  Teach-in
14:05 – 14:25  Refreshments
14:25 – 17:30  Part one of the agenda: white motions
17:30 – 17:45  Debrief of day
19:30 – late   Gala dinner and social event
## Saturday 13 April 2024

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:30 – 09:35</td>
<td>Welcome to day two</td>
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<tr>
<td>09:35 – 09:55</td>
<td>Speech from BMA council deputy chair</td>
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<td>09:55 – 10:25</td>
<td>Introduction to candidates and voting</td>
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<td>10:25 – 10:55</td>
<td>Meet the MSC exec</td>
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<td>10:55 – 11:30</td>
<td>Local Organising – Putting Policy into Practice</td>
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<tr>
<td>11:30 – 11:45</td>
<td>Refreshments</td>
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<tr>
<td>11:45 – 13:30</td>
<td>Part one of the agenda: white motions</td>
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<td>13:30 – 14:15</td>
<td>Lunch</td>
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<td>14:15 – 15:15</td>
<td>Workshops</td>
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<tr>
<td>15:15 – 16:40</td>
<td>Part two of the agenda: balloted motions and matters arising from conference</td>
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<tr>
<td>16:40 – 16:45</td>
<td>Election results and close</td>
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Deadlines for 2024 conference

- Submission of emergency motions:
  16:00 – Friday 12 April 2024

- Deadline for voting for priority grey motions:
  16:00 – Friday 12 April 2024

- Submission of amendments and riders:
  9.00 on both mornings of each day for motions to be debated on that respective day

- Submission of online nomination forms for all positions:
  17:30 – Friday 12 April 2024

- Voting for chair election:
  10:25 – 11:45 Saturday 13 April 2024

- Voting for all other elections:
  12:00 – 15:30 Saturday 13 April 2024

- Results for elections:
  16:40 – Saturday 13 April 2024
Order of business
Friday 12 April 2024

1 Welcome and introductions 12.30
Welcome from the 2024 chair of conference, Marguerite O’Riordan

2 Minutes of the 2023 MSC conference
Receive minutes of the previous MSC conference held on Friday 31 March and Saturday 1 April 2023 (previously emailed to representatives and available in the app)

3 Conference standing orders
Approval of standing orders for the 2024 conference (previously emailed to representatives and available in the app)

4 MSC report
Receive report on the MSC’s activities, including the devolved nations (previously emailed to representatives and available in the app)

5 Action on 2023 resolutions
Resolutions on actions passed at the 2023 conference.

6 MSC policy
Approval of list of policy to be lapsed this year (previously emailed to representatives and available in the app)

7 Speech from the medical students committee co-chairs 12.45
Receive address from the medical students committee co-chairs

8 Keynote speech 13.00
Receive address from Professor Shafi Ahmed

9 Teach in 13.45

10 White motion debates 14.25

11 Debrief of the day and elections 17.30

Order of business
Saturday 13 April 2024

1 Speech from BMA Council Deputy Chair 9.35
Receive address from Dr Emma Runswick

2 Introduction to candidates and voting 9.55

3 Meet the MSC officers 10.25
Your chance to ask questions to the MSC officers

4 Local Organising – Putting Policy into Practice 10.55
Your chance to find out more about what happens to passed motions after conference

5 White motion debates 11.45

6 Workshops 14.15
Take part in a workshop of your choice, as previously selected

7 Balloted motions 15:15
In this section the five grey motions achieving the highest number of votes in the ballot will be debated. If time allows, further motions will be taken in the order of preference as designated by the ballot.

8 Emergency motions 15:15
In this section any emergency motions that have not been debated elsewhere will be debated unless they fit better within a section of grey motions.

9 Election results and close 16.40
Agenda

Grouping of motions
The AC has arranged in groups certain motions that cover substantially the same ground and has selected in each group one of these motions or a composite of these motions on which it proposes that discussions should take place. These are marked with an asterisk.

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the MSC and will therefore be voted on without debate.

1 A MOTIONS
Motion by the CHAIR That all ‘A’ motions in the conference agenda be carried.
WHITE MOTIONS
FINANCE

Travel and accommodation expenses

1* Motion by CONFERENCE AGENDA COMMITTEE, presented by the UNIVERSITY OF BUCKINGHAM

This conference acknowledges the financial challenges faced by medical students regarding parking, travel and accommodation at different clinical placement sites. Therefore, we call upon the BMA to:

i) acknowledge the greater travel costs associated with medical degrees;
ii) lobby for free bus travel for all medical students;
iii) liaise with relevant bodies to subsidize campus car parking charges for medical students;
iv) lobby medical schools to create clear reimbursement guidelines for travel and accommodation expenses;
v) campaign for medical schools to ensure availability of temporary accommodation in distant placement locations;
vi) lobby medical schools to establish end-of-placement surveys for standardized experiences;
vii) encourage collaboration with the Medical Schools Council and DHSC to advertise housing options to students before they are sent to distant placement sites.

2 Motion by UNIVERSITY OF EXETER

This conference acknowledges that medical student numbers have been increasing due to projected medical staffing issues within the NHS. As a result, more medical students are getting sent on placements far from their university base and are often based in that area long-term. With the cost of living rapidly rising, no medical student should have to finance their travel or secure accommodation without sufficient support, as placements are a mandatory part of their medical degree. Therefore, we call upon the BMA to liaise with the Medical Schools Council and the Department of Health and Social Care (DHSC) to:

i) advertise housing and accommodation options for students before they are sent on long term placement;
ii) provide extra support for students who are struggling to find housing and accommodation away from their university base;
iii) promote fully reimbursing medical students financially for placement travel costs.

Tuition fees

3 Motion by BARTS AND THE LONDON SCHOOL OF MEDICINE

This conference welcomes the sustained acknowledgement of the financial disparities faced by graduate medical students, especially those on undergraduate programmes. However, this conference regrets that universities can still restrict progression of study and enrolment for medical students who are unable to pay tuition fees.

This conference calls on the BMA to:

i) acknowledge that graduate medical students, many of whom are self-funded, are more likely to be affected by universities restricting their progression to study due to financial hardship;
ii) lobby universities to stop restricting progression of studies or enrolment status of medical students who are unable to pay tuition fees, as a matter of urgency;
iii) lobby universities to seek alternative arrangements for payments of tuition fees upon the completion of students’ medical degrees;
iv) continue lobbying the Department of Education, Student Finance England and other relevant stakeholders to ensure graduate medical students are entitled to tuition fee loans and maintenance loans/grants, as a long-term solution to this problem.
Motion by NEWCASTLE UNIVERSITY

This conference recognises and supports the escalating doctor retention crisis and the persistent pay dispute within the NHS. Doctors are saddled with enormous student loans, accruing interest, linked to RPI, at a far greater rate than the loans can be repaid. This conference urges the BMA to lobby the UK Government to:

i) halt student loan repayments as soon as individuals enter NHS service as a Foundation Year 1 Doctor;
ii) clear student loan balances of doctors following a period of work within the NHS.

Student Funding

Motion by CONFERENCE AGENDA COMMITTEE, presented by the UNIVERSITY OF OXFORD

This conference condemns the inadequate financial support available to medical students. Existing funding is inequitable, difficult to access, and no longer sufficient to meet the needs of medical students and is therefore causing financial hardship. We call on the BMA to lobby student finance, the NHS, and governments in England and the devolved nations to support the training of future doctors by alleviating the financial hardship of medical students through:

i) lobbying for equal funding for the entire duration of a medical degree
ii) lobbying for equal access to funding for all students, and to re-evaluate means-testing criteria
iii) fully restore the NHS bursary back to 2012 values (adjusted for inflation), and increase future NHS bursaries value in line with RPI.
iv) outlining guidance for medical students dealing with an increased financial burden, including where to seek out welfare and financial support where required.
v) collaborating with student representatives and medical societies to further investigate the impacts of the Cost-of-Living Crisis on medical students
vi) reviewing the hidden costs associated with studying medicine, i.e. purchase of essential equipment and expenses associated with travel and accommodation.

Motion by UNIVERSITY OF SHEFFIELD

Recognising the financial challenges faced by medical students, this conference urges the BMA to advocate for an immediate review and substantial increase in the NHS bursary and student finance schemes. The financial burden on students, particularly graduate entry students, disproportionately affects those from diverse socioeconomic backgrounds, hindering their ability to focus on their education and training. Thus, the BMA should engage with stakeholders, including governmental bodies and educational institutions, to lobby for enhanced financial support mechanisms. Additionally, the BMA should collaborate with student representatives and medical societies to ensure that reforms align with the evolving needs of medical students. This will ensure the BMA can contribute significantly to fostering a more inclusive and accessible medical education system.

Motion by HULL YORK MEDICAL SCHOOL

This conference recognises the substantial financial challenges faced by medical students throughout their education, impacting their well-being and academic performance. Acknowledging the urgency of addressing these issues, with existing funding sources and reimbursements not increasing in line with current inflation, this conference calls on the BMA to advocate for the regular recalibration of medical student funding sources, including but not limited to the NHS Bursary and transport reimbursement funds. This recalibration should be based on the actual living costs faced by medical students and should include an annual increase, at a minimum, in line with inflation.
8 **Motion** by UNIVERSITY OF LINCOLN

This conference acknowledges that 5th and 6th year medical students are placed under greater financial burden during the latter years of their studies due to reductions in funding that they can access. At a time where students have exams, busy placement schedules and practical competencies to achieve, the added pressure of finances is detrimental to the academic performance and mental and physical health of students. We call upon the BMA to lobby the Medical Schools Council and the NHS Business Services Authority to ensure that students are offered greater access to funding in the latter stages of their degree. The NHS Bursary should make up at a minimum the reduction in funding that students receive from Student Finance England.

9 **Motion** by UNIVERSITY OF LEICESTER

This conference recognises only 4% of doctors in the United Kingdom originate from low socio-economic backgrounds, yet from the beginning of their training are expected to match the achievements of their more prosperous peers, and acknowledges:

i) the NHS bursary for the final, most pertinent years of medical school offers significantly less support than Student Finance England, placing graduate-entry and financially disadvantaged students who cannot rely on parental support at a major cost-of-living disadvantage compared to their peers without acknowledging the potential detriment to their performance and mental health;

ii) the need for enhanced financial support for disadvantaged students for costs acquired as a result of attending medical school (stethoscopes, study resources and courses).

10 **Motion** by UNIVERSITY OF BIRMINGHAM

This conference recognises that medical students are not adequately financially supported during medical school and that the BMA should more heavily lobby the government to:

i) raise Student Finance England and NHS Bursary contributions for medical students;

ii) provide medical students with the same £5,000/year grant that the NHS Learning Support Fund provides for other healthcare courses.

11 **Motion** by EDGE HILL UNIVERSITY

This conference condemns the lack of financial support given to medical students and acknowledges their inability to maintain part time jobs during their degree, or access additional funding. We call on the BMA to:

i) liaise with Student Finance England to provide ALL medical students with an optional access to full maintenance loans to ensure that financial stress does not contribute to the already strenuous course;

ii) liaise with Student Finance England to provide funding for the entire duration of the Medicine degree and not only the first 4 years;

iii) include medical students in the £5000 grant incentive given to other healthcare degrees

iv) recognise the cost of living crisis and a medical students cost of buying essential equipment such as stethoscopes, placement uniform, books and many more;

v) recognise the cost of travelling to different placement locations throughout the duration of their degree and costs of parking in all NHS trusts.
12 **Motion** by UNIVERSITY OF EXETER

The maintenance loan has not kept up with increased living costs, meaning there is a need for many students to work part-time alongside their studies. For mature students who have additional personal or financial responsibilities and widening participation students whose parents are unable to provide financial assistance, working is a necessity and not a choice. Studying medicine is demanding on time and working while studying comes at a personal cost, with significantly less time to study and higher risk of burnout. This conference calls on the BMA to lobby the relevant bodies to call for:

i) improved maintenance loans or grants available for all students studying medicine from a WP background;

ii) tuition loans to be made available for all postgraduate students, regardless of their route to medicine;

iii) greater financial support for medical schools to assist students in need.

13 **Motion** by UNIVERSITY OF MANCHESTER

This conference notes with dismay the poor response from Student Finance England with regards to the liveable NHS bursary. In said response, we were reminded of the fact we are not eligible for the additional £5000 grant seen with nursing midwifery and allied health students, but were not provided with a valid reason as to why this is not available to us. The final paragraph in this response seems to imply we have access to this grant, showing the lack of understanding in relation to our funding. We currently study for a minimum of 5 years, and in the current cost of living crisis, we all know the NHS Bursary is not enough to sustain a basic standard of living. Whilst I appreciate efforts to get a liveable NHS bursary are still on-going, this conference calls on student finance England to:

i) provide a valid explanation as to why this grant is not available to NHS bursary students to support them during this crisis;

ii) provide current NHS bursary and ongoing students with this £5000 non-means tested grant.

14 **Motion** by UNIVERSITY OF GLASGOW

This conference acknowledges the immense time commitment that an undergraduate medical degree requires, limiting medical students’ availability to take up part-time jobs, and thus fund their living. This conference calls upon the BMA to:

i) further investigate the impacts of the Cost-of-Living Crisis, specifically on medical students across the UK;

ii) outline guidance for medical students dealing with an increased financial burden, including where to seek out welfare and financial support where required;

iii) lobby for medical student bursaries, especially for those from widening access backgrounds, to maintain the aim of medicine being a fair profession that reflects the general population.

15 **Motion** by UK-MSC FINANCE SUBCOMMITTEE

This conference recognises that the NHS bursary is no longer fit for purpose, and that medical students are increasingly facing financial hardship as a result of the available funding not being sufficient to cover living costs. This conference calls for the NHS Business Services Authority to:

i) fully restore the NHS bursary back to 2012 values (adjusted for inflation), and increase future NHS bursaries value in line with RPI;

ii) to immediately evaluate current means testing criteria for students;

iii) extend eligibility to all years of study;

iv) provide an easily accessible and expedient application process.
DEVeloped Nations

16 Motion by UNIVERSITY OF DUNDEE

This conference acknowledges that uncertainty about geographical location when being allocated to a foundation training programme causes significant stress and difficulties for final year medical students, including those who study in Scotland. This conference calls upon the BMA to:

i) note the particular circumstances of medical students in Scotland, who study in a devolved nation that is covered by a single foundation school, and has a separate healthcare system;

ii) acknowledge that many medical students studying in Scotland wish to continue their medical training in Scotland after completing medical school;

iii) lobby the relevant bodies, particularly NHS Education for Scotland and the UKFPO, to allow students who study at a medical school in Scotland to be guaranteed allocation to the Scotland Foundation School, should they rank it as their top preference.

NHs Health and Society

International affairs

17 Motion by UNIVERSITY OF ABERDEEN

This conference recognises the historical success of initiatives promoting collaboration between UK medical students and their European counterparts and calls on the BMA to:

i) investigate the potential impact of Brexit on medical student opportunities and to develop recommendations for sustaining collaboration with EU medical institutions;

ii) advocate for policies that facilitate seamless opportunities for UK medical students to participate in research projects, clinical placements, and educational programs with EU institutions;

iii) collaborate with medical student organizations and relevant authorities to address any barriers to international collaboration and propose solutions that benefit both UK and EU medical students.

Industrial action

18 Motion by UNIVERSITY OF LIVERPOOL

This conference acknowledges the direct impact on medical students caused by the doctor strikes throughout the past year and calls upon the BMA to lobby medical schools to make relevant bodies:

i) ensure no medical student is to be required to go to placement during strike days;

ii) ensure no medical student is completing jobs meant for junior doctors during strikes.
WIDENING PARTICIPATION

19  
**Motion** by UNIVERSITY OF ST ANDREWS  
This conference acknowledges that nepotism — the act of being granted an advantage by a relative in an occupation or field poses a significant challenge to many applicants, especially those who meet the widening participation criteria, as they lack the resources or connections to gain the experience that will strengthen their university application and continued progress throughout the course. Nepotism thus works against the culture of diversity and inclusion that the BMA fosters, and therefore, this motion calls upon the BMA to:  
i) develop additional work experience opportunities for disadvantaged applicants through collaboration with relevant organisations such as In2MedSchool;  
ii) regularly update and provide information on available work experience programmes and schemes in all parts of the UK on the official BMA website;  
iii) conduct awareness programmes and workshops to educate healthcare professionals about the negative implications of nepotism;  
iv) hold medical schools accountable for maintaining high ethical standards to address nepotism collectively.

20  
**Motion** by UNIVERSITY OF DUNDEE  
conference contends that medical schools must confront the impact of the University Clinical Aptitude Test (UCAT) on admissions, due to its bias favouring students from affluent socioeconomic backgrounds and/or private schools, and its poor ability to predict academic success. We urge the BMA to proactively address this by:  
i) undertaking a review of the UCAT’s effectiveness in predicting success in medical education;  
ii) lobbying for a transparent reporting mechanism for data related to demographic disparities which is publicly accessible;  
iii) encouraging medical schools to explore innovative approaches or enhance already existing procedures to test clinical aptitude, in collaboration with medical students, clinicians and academics;  
iv) lobbying medical schools to collectively form a UCAT funding bank, in which applicants from socioeconomically deprived backgrounds may apply for financial assistance in paying for UCAT training programs.

BMA STRUCTURE AND FUNCTION

Medical Students Committee

21  
**Motion** by UK-MSC EXECUTIVE SUBCOMMITTEE  
This conference acknowledges the challenges faced by BMA MSC reps and deputy reps and the important work they do to advocate for students locally. Many reps often do not know where to seek support and over the academic year, engagement with the BMA MSC falls.  
To be successful, the BMA must have a good local and active presence on campus. Therefore, in an attempt to improve grassroots campaigns and more confident and engaged reps this conference calls for:  
i) BMA MSC representative vacancies to be advertised more widely e.g. through social media and through medical school networks to ensure all spots are recruited;  
ii) increased MSC rep training, specifically focused on: how to tackle local issues; engage with stakeholders locally; and traditional trade union principles;
iii) the creation of an MSC rep handbook to be given to reps on training day;
iv) Improved handover documents to be passed on to new reps, to provide them with greater information and support in their new role;
v) further investigation and implementation of plans to improve rep engagement including regional drop-ins; additional achievements and awards; and welfare checks for reps who are struggling;
vii) establishment of a standardised process to support reps who face being reported/fitness to practise accusations from their medical school or students' union as a result of legitimate BMA work.

22

**Motion by UK-MSC EXECUTIVE SUBCOMMITTEE**

This conference recognises the time commitment and responsibility that being elected to the BMA Medical Students' Committee (MSC) involves. To continue to serve the medical student population as well as possible, and ensure all medical schools are always represented, it is proposed that there is a formal MSC representative engagement and removal process. This is especially important due to the short representative cycles compared with other BMA Branch of Practice committees. The process ensures adequate representation for each school, and a transparent process for representatives themselves.

The proposed process is as follows:

1) MSC secretariat to monitor attendance and submission of representative reports from the second MSC meeting of the year.
2) Secretariat to send out welfare check emails to MSC reps with no reason provided for apologies, no apologies sent for the MSC meeting, no deputising organised, or the rep report not filled in. Also contact any representatives that have been unable to be contacted or have concerns raised by their deputy, and vice versa.
3) Representatives noted to be struggling with keeping on top of commitments will have a welfare check meeting with secretariat and a member of the Executive Committee, to try and address the root issue or discuss any special circumstances. They will be given time to catch up and complete their representative responsibilities (with the support of the executive committee and secretariat) or the opportunity to swap roles with their deputy rep if applicable.
4) If representatives are found to still be struggling or not meeting requirements or have been unable to be contacted by secretariat/deputy on more than three occasions, they will be asked to step down from the role.

This conference calls for:

i) implementation of the rep engagement and removal process;
ii) a requirement for BMA MSC representatives to ensure their contact details are updated on their BMA profile;
iii) MSC executive committee to review the role descriptions of BMA rep and deputy rep prior to each election cycle;
iv) letters of recommendation to be eligible to MSC representatives only if two rep reports and a sufficient handover are completed during their term.
Students with caring responsibilities

Motion by BRIGHTON & SUSSEX MEDICAL SCHOOL

This conference calls for improved support for medical students who have disabilities and are carers. Currently medical students in these groups often feel that Medical Schools have an ableist approach and do not encourage inclusivity and equity for students despite their rights being protected by the Equality Act 2010. This conference calls on the BMA to:

i) survey current medical students who are carers and/or have disabilities and gather information on their concerns and needs;

ii) use this to create a charter by which all medical schools should abide by and lobby the Medical Schools Council to implement this charter;

iii) monitor progress by asking BMA representatives to survey students who have disabilities and caring responsibilities, to see if medical schools have made improvements that make these students feel as if their needs have been met;

iv) lobby Medical Schools to record the number of students who fall under these categories and list the support they offer on their websites;

v) mandate all medical schools must designated officers to support these students and provide mandatory training to help staff support these students.

Student support

Motion by BRIGHTON & SUSSEX MEDICAL SCHOOL

This conference notes the stark differences between UK medical schools in financial support, research opportunities, academic subscriptions and more factors that influence the quality of education and CV building. This conference believes it should be easy for medical school applicants to see this information and calls for the BMA to:

i) gather data on the differences between medical schools in terms of the additional benefits they offer. This would include, but would not be limited to, free devices (like iPads), financial bursaries/hardship funds, prizes, research and publication opportunities, free educational resources and subscriptions, the distance of travel to placement needed before students are given accommodation for placement, and other opportunities to build their portfolio for speciality applications;

ii) freely publish this data in a ‘league table’ format so applicants can compare medical schools to use this data to lobby medical schools to improve their offerings to students where possible to close gaps between medical schools.

Student mental health

Motion by CONFERENCE AGENDA COMMITTEE, presented by the UNIVERSITY OF SHEFFIELD

This conference acknowledges the profound impact that war-related catastrophes can have. The impacts are far-reaching and extend across many subgroups of the population, from immigrant and refugee patients with lived experience of war, to the doctors and medical students attending to them. In light of the recent brutalities seen in Palestine, it is an important moment to reflect on the lasting after-effects, inflicted by war, on the mental health of both patients. Therefore, we urge the BMA to:

i) work with medical schools to introduce a specialised mental health service accessible to all students affected by the ongoing conflict;
ii) support initiatives calling for collaborations with mental health organizations to provide training and resources to healthcare professionals to better inform their practise when consulting patients affected by the conflict;

iii) acknowledge the urgent need for enhanced mental health support tailored specifically for immigrants and refugees affected by war, recognising the unique challenges they face;

iv) raise public awareness surrounding current resources available for victims of war, particularly through establishing partnerships with community and religious groups at the local level.

v) lobby the UK government to allocate increased resources and funding towards mental health services for immigrants and refugees, ensuring that the healthcare system is equipped to address traumas resulting from war experiences;

vi) lobby the UK government to engage in diplomatic efforts promoting peace and mental health initiatives in the Palestine region.

26 Motion by IMPERIAL COLLEGE LONDON

This conference is extremely concerned about the limited mental health services available for immigrants and refugees, particularly those who have endured war-related catastrophes in their home countries. In light of the recent brutalities seen in Palestine, it is an important moment for healthcare providers to reflect on the lasting after-effects, inflicted by war, on patients’ mental health. This would provide a vital step in bridging the health inequality gap in the UK. Therefore, we call upon the BMA to:

i) acknowledge the urgent need for enhanced mental health support tailored specifically for immigrants and refugees affected by war, recognising the unique challenges they face;

ii) lobby the UK government to allocate increased resources and funding towards mental health services for immigrants and refugees, ensuring that the healthcare system is equipped to address traumas resulting from war experiences;

iii) raise public awareness surrounding current resources available for victims of war, particularly through establishing partnerships with community and religious groups at the local level.

27* Motion by CONFERENCE AGENDA COMMITTEE, presented by the UNIVERSITY OF BUCKINGHAM

This conference recognises the increasing number of medical students facing mental health challenges due to compounding effects of burnout, staff shortages, financial pressure, and future job uncertainty, and the impact these factors have on learning and placement experiences. Therefore, this conference asks for a comprehensive and system-wide implementation of mental health initiatives to support medical students. Accordingly, we call upon the BMA to:

i) recognise the adverse impact of excessive workload on medical student wellbeing, contributing to burnout and affecting mental and physical health;

ii) ensure schools enhance the accessibility of support services by adjusting opening hours to accommodate medical students in clinical years;

iii) launch an expert-led triage and assessment pilot program, delivering evidence-based psychological treatment to aid students, alongside implementing bi-semester wellness check ins for all students;

iv) urge medical schools to liaise with health board medical education centres to hold well-being information sessions for medical students of all years and all placement blocks, and to increase mental health education within their curricula;

v) encourage schools to intensify promotion of mental health support services, particularly during stressful periods (e.g. exams), emphasising availability and urging students to seek assistance.

vi) champion the provision of school adjustments/leave for students facing mental health challenges, guaranteeing support without academic/financial penalties;

vii) collaborate with medical schools, the GMC, and relevant bodies to establish standardised workload guidelines in medical education;

viii) lobby relevant bodies to ensure effective assessment and management of student capacity in clinical settings, involving stakeholders in determining appropriate student numbers to prevent excessive workload during placements.
28 **Motion** by KEELE UNIVERSITY

The motion proposes the establishment of a comprehensive mental health/well-being program at Keele, which includes integrating mental health education into the curriculum, implementing bi-semester wellness check-ins with professionals, ensuring 24/7 access to mental health services, developing a peer mentorship system, and securing dedicated funding. It emphasises the importance of student well-being, mandates regular evaluation and adaptation of the program based on biannual student feedback, and recognises that academic success is inextricably linked to the mental health of the students, aiming to foster a supportive and resilient medical workforce.

29 **Motion** by BARTS AND THE LONDON SCHOOL OF MEDICINE

This conference recognises the growing concern of excessive workload and burnout among medical students and urges medical schools, hospital trusts, and medical education organisations to take immediate action. This conference requests the BMA to:

i) recognise the adverse impact of excessive workload on medical student well-being, contributing to burnout and affecting mental and physical health;

ii) advocate for the reassessment and adjustment of medical school curriculum demands to align with realistic workload expectations and student capacity;

iii) collaborate with medical schools, the GMC, and relevant bodies to establish standardised workload guidelines in medical education;

iv) push for the integration of stress reduction strategies, such as mindfulness programs and workshops, in medical education, fostering supportive environments for students to prioritise self-care;

v) lobby relevant bodies to ensure effective assessment and management of student capacity in clinical settings, involving stakeholders in determining appropriate student numbers to prevent excessive workload during placements.

30 **Motion** by WELSH MEDICAL STUDENT COMMITTEE

That this conference recognises the increasing number of medical students that face mental health challenges due to the compounding effects of burnout, staff shortages, financial pressures, and future job uncertainty, and how these impact learning and placement experiences and calls upon the BMA to:

i) urge medical schools to liaise with health board medical education centres to hold well-being information sessions for medical students of all years and all placement blocks;

ii) lobby the Welsh Government for funding to integrate confidential face to face student advice and support advisors/counsellors across all health board sites.

31 **Motion** by UNIVERSITY OF MANCHESTER

This conference is concerned by the reluctance among medical students in expressing personal challenges of seeking support for distress, due to the prevailing stigma associated with fear of potential malpractice and jeopardization of their license to practice. Students can find themselves disadvantaged in acknowledging and addressing their own mental health concerns, leading to potential hesitancy, presenteeism, and impacted patient care. This conference calls upon the BMA to:

i) lobby the appropriate body to develop and implement mental health education and awareness programmes which are integrated within university curriculums to help destigmatise discussion and provide students with effective knowledge and tools;

ii) help establish legal protections for seeking help, to address the fear of potential malpractice and license jeopardization, providing students with assurance;

iii) offer a confidential and anonymous reporting system within the BMA counselling services to provide a safe space for students to seek help without fear of consequences.
FOUNDATION PROGRAMME AND FURTHER TRAINING

Expansion of medical schools

32  Motion by UNIVERSITY OF WARWICK

This conference acknowledges the commitment outlined in the NHS Long Term Workforce plan to double the number of medical school places to 15,000 by 2031/2032, starting with a with an increase by a third (to 10,000 a year) by 2028/29. We call on the BMA to lobby the UK governments to institute an immediate moratorium on all plans to increase medical school places until:

i) such a time that issues affecting training, pay, and retention of doctors are addressed;
ii) such a time that existing higher specialty training bottlenecks for doctors are minimised;
iii) organisations involved in the provision of clinical placements can provide absolute assurance that tariff funding per student in real terms for clinical placements will be maintained at current levels;
iv) organisations involved in the provision of clinical placements are able to provide absolute assurance and clarity that the tariff funding for clinical placement will only be used for the training of medical students.

APPLICATION TO FOUNDATION PROGRAMME

33* Motion by CONFERENCE AGENDA COMMITTEE, presented by UNIVERSITY OF CAMBRIDGE

This conference acknowledges that the new UKFPO preference informed allocation system can result in individuals receiving a less desirable deanery and less desirable jobs therein. Therefore, this conference calls upon the UKFPO to:

i) allow applicants to register for UKFPO allocation by a set deadline, after which all applicants are given their random allocation position;
ii) give applicants the option to then rank deaneries by a second deadline with knowledge of their allocation position, thereby allowing them to make an informed decision, maximising changes of being placed in an optimal foundation program;
iii) consult with medical students nationally on this change before it is put in place.

In the interim period before this change being introduced, offer the following:

iv) a form of reimbursement to those placed in lesser ranked choices, e.g. financial, housing;
v) set a limit on where an individual can be placed based on their desirable/preferred address;
vii) work with NHS England to produce an overall increase in foundation programme places for medical graduates in the long-term, particularly focused on more densely saturated areas.

34  Motion by UNIVERSITY COLLEGE LONDON

This conference recognises how a low-ranking in the new UKFPO Preference Informed Allocation system can result in an individual receiving both a less-desirable deanery and a less-desirable job within that deanery. The conference therefore calls for the UKFPO to change the allocation process to rectify this issue by:

i) either reverse ranking for job allocation after deanery allocations or re-randomise rankings for job allocation;
ii) consulting medical students across country on this change before the change is put into place.
35  
**Motion** by UNIVERSITY OF EAST ANGLIA  
This conference acknowledges that there are a number of students allocated to a lesser preferred UKFPO choices, potentially emphasised by the 2024 randomised system. This raises concern amongst many, both professionally in their career, and in their personal life particularly if they face relocation. Due to this we call upon the BMA to:

i) offer some form of reimbursement towards those who have been placed in their lesser ranked choices e.g., financial, housing;

ii) place a limit on a set distance of where an individual can be placed based on their desired/preferred address;

iii) work with NHS England to produce an overall increase in more foundation programme places for medical graduates, particularly focused on more densely saturated areas.

**EDUCATION**

Assessments

36  
**Motion** by UK-MSC EDUCATION SUBCOMMITTEE  
This conference recognises it is crucial to address concerns surrounding the qualifications of clinical examiners in OSCE-style assessments. In medical education there is a need for consistent standards and clear guidelines to maintain the quality and fairness of medical student’s assessments. We must always embrace inclusivity and recognise the valuable contributions of all healthcare professionals in practice, including physician associates, however, the fact remains that there is a necessity for examiners to possess specific qualifications and by extension expertise and skills relevant to the unique demands of OSCE-style examinations and in assessing them. This conference calls upon the BMA to:

i) ensure that all clinical examiners can demonstrate up-to-date knowledge that falls within the scope of their professional practice;

ii) engage with Medical School’s Council to develop guidelines clearly outlining who is suitable to formally assess medical student’s competence in specific examinations/stations;

iii) lobby medical schools to guarantee that medical students are prioritised for exposure to clinical placements and learning opportunities that sit in line with UKMLA content map and/or OfG.

Core Curriculum

37*  
**Motion** by UNIVERSITY OF LEEDS  
This conference recommends the integration of financial management training in the form of modules in UK medical schools to help tackle financial difficulty faced by doctors in the NHS. We call on the BMA:

i) recognise the financial difficulties being experienced by medical students and doctors throughout their training;

ii) lobby Medical Schools to teach medical students how to manage finances, pensions, and forms of income;

iii) provide more financial support and guidance on how to manage finances safely.

38  
**Motion** by KEELE UNIVERSITY  
As medical students, we advocate for the integration of targeted financial education into our curriculum. Recognising the vital role financial literacy plays in our personal and professional lives, we propose modules covering budgeting, debt management, and investment strategies. This motion aims to equip us with necessary skills to make informed decisions as future healthcare professionals. By enhancing our financial literacy, we ensure a comprehensive preparation for the complex financial landscapes we face. Let us collectively invest in our own financial well-being and success by embracing this crucial curriculum enhancement.
39  **Motion** by UNIVERSITY OF MANCHESTER

This conference recognises the challenges that many victims of sexual assault face when accessing medical care, and acknowledge that this can make it more difficult for these patients to engage with health care services. Considering the significant number of people in the UK affected by sexual abuse, this conference recognises the need for better education and training on this topic. Therefore, we call upon the BMA to:

i) encourage medical schools to add compulsory teaching regarding the examination of patients with a history of sexual abuse to their curriculum,

ii) encourage medical schools to provide compulsory communication skills teaching concerning how to approach history taking from patients with a history sexual abuse,

iii) lobby medical schools and NHS trusts to include training on how to adopt a trauma informed approach when caring for patients with a history of sexual abuse, to their mandatory training curriculum.

40  **Motion** by UNIVERSITY OF SOUTHAMPTON

This conference recognises that Female Genital Mutilation is prevalent in the UK, in spite of the revisions made to the Female Genital Mutilation Act (2003).

The following recommendations can be implemented:

i) establish that doctors attend teaching sessions on this topic and provide thorough teaching in medical schools so that students understand the immediate and long-term implications of FGM;

ii) teach cultural competency to students so they can better serve various patient groups’ needs;

iii) collaborate with academics and students around the country to identify gaps in the existing curriculum and endeavour to adapt current materials and incorporate new content;

iv) provide teaching on other potentially associated procedures such as virginity testing and hymenoplasty operations

**Medical Associate Professions (MAPs)**

41*  **Motion** by CONFERENCE AGENDA COMMITTEE, presented by KEEL UNIVERSITY

This conference is concerned that with the massive increases in student numbers, the medical degree apprenticeship, and the expansion of physician associate numbers, students on the traditional medical degree will face unfair competition for adequate clinical exposure. This conference calls upon the BMA to:

i) lobby medical schools to prioritise teaching opportunities for medical students over PAs and ensure teaching for medical students is protected;

ii) survey medical students on how often teaching opportunities are lost due to PA students’ on placements, and assess the scope of the issue amongst hospitals and medical schools;

iii) create guidance for medical students who are turned down from teaching due to PA students or students not on the traditional medical degree;

iv) lobby the GMC to update Promoting Excellence: Standards for Medical Education and Training to include a provision that medical students on the traditional and apprenticeship route are an equal priority for clinical training.

42  **Motion** by UNIVERSITY OF EDINBURGH

This conference is concerned that with the unprecedented pressures on professional, educational, and physical resources from the massive increases in student numbers, the future implementation of the medical degree apprenticeship, and the expansion of physician associate numbers that students on the traditional medical degree will face unfair competition for adequate clinical exposure, due to the more hands-on approaches in these courses. This conference calls upon the BMA to:

i) gather information from medical students across the UK on accessibility to clinical practise, to assess the scope of the issue;
ii) lobby medical schools to issue guidance that traditional medical degree students must not be deprioritised for clinical training;

iii) lobby the GMC to update Promoting Excellence: Standards for Medical Education and Training to include a provision that medical students on the traditional and apprenticeship route are an equal priority for clinical training.

**Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL

This conference notes that many universities are falsely teaching Physician Associate/Physician Assistant (PA) students that they are equivalent to doctors. It is also recognised that PA students are limiting teaching opportunities to medical students on placement. This conference calls on the BMA to:

i) lobby medical schools to prioritise teaching opportunities for medical students over Pas;

ii) survey medical students on how often teaching opportunities are lost due to PA students’ placements, and deduce which hospitals and medical schools where this is worse;

iii) gather information on university PA curriculums at all universities on how the scope of PA clinical practice is taught and how it compares to doctors’ scope of practice. If a university falsely suggests PAs are equivalent to doctors then the BMA must lobby for a change in curriculum and culture at these universities.

**Motion** by UNIVERSITY OF SHEFFIELD

This conference recognises that due to increases in student numbers alongside other NHS pressures there are increasingly limited learning opportunities on clinical placements for medical students. This is further worsened by the fact that medical students now find many learning experiences are being given to or reserved for Physician Associate (PA) students. Therefore, this conference calls on the BMA to:

i) state its support in prioritising medical student education;

ii) lobby the GMC to prioritise the education of medical students;

iii) lobby the GMC to define clear boundaries on the scope of clinical education of PA students without infringing on medical student education;

iv) lobby NHS England to include expanding training capacity for medical students in any future long term workforce plan.

**Motion** by UNIVERSITY OF ABERDEEN

This conference recognises that medical students are distinct from physician associate (PA) students, and the BMA MSC should:

i) lobby universities to ensure medical students should receive priority of teaching on wards and in theatres;

ii) lobby universities to ensure, if given uniforms, these are easily distinguishable from one another. Solely featuring differing name badges is not an adequate differentiator;

iii) work with the GMC to ensure physician associates do not act as a block/clinical supervisors to medical students, as a matter of policy.
Artificial Intelligence (AI)

46* Motion by UNIVERSITY OF CENTRAL LANCASHIRE

This conference recognises the importance of modern technology in medical education and calls upon the BMA to advocate for the integration of advanced technology in the medical curriculum by:

i) introducing courses on artificial intelligence (AI) and machine learning for diagnostics, patient care, and research to prepare students for the integration of these technologies in clinical practice;

ii) promoting the inclusion of Virtual Reality (VR) simulations in medical training to enhance practical skills in a controlled environment, especially for surgical and emergency response procedures;

iii) expanding telemedicine training modules to include remote diagnosis, patient communication, and the use of telehealth technologies, equipping students for the digital evolution of healthcare delivery.

47 Motion by CARDIFF UNIVERSITY

Recent advancements in healthcare management (i.e. Electronic Health Records), high through-put techniques (i.e. -Omics) and Artificial Intelligence technologies have caused Medicine to grow increasingly reliant on data. To extract meaningful insights from these vast datasets and to solve challenges arising at the confluence of AI and Medicine, medical students ought to receive Computational and Artificial Intelligence training. However, little or none is being done in the medical curricula at UK institutions. This motion calls upon the BMA to:

i) recognise the importance of equipping the next generation of clinicians with basic Computational Skills and Artificial Intelligence literacy;

ii) support the roll-out of a national, cross-sectional survey ascertaining the familiarity, perceptions, intentions and attitudes of UK Medical students to learning AI and Computational Skills in the medical curriculum. This survey, led by study lead Kevin Lee Boon Chun is pending ethics review at the Cardiff School of Medicine Research Ethics Committee and if successful, will collect responses during March 15 – May 15, 2024;

iii) consider the most efficient and conducive means of delivering Computational Medicine education to UK medical students in the future.

Delivery of medical education

48 Motion by ST GEORGE’S, UNIVERSITY OF LONDON

This conference recognises that there is uncertainty into the use of tuition fees by medical schools with many students. In order to improve transparency and become more student-focused, we urge the BMA to lobby medical schools as well as the Medical School Council (MSC) to:

i) begin recording the use of tuition fees from medical students if this is not already the case. this categorisation could fall into categories such as staff payments, improvement of infrastructure etc with a particular focus in recording how the spending is meant to improve the student experience/ teaching;

ii) create an annual report to showcase these expenditures and the corresponding improvements to the medical school;

iii) create a platform or space to allow medical students at the university to provide suggestions and feedback on the report, and to comment on whether they believe a certain project or expenditure has not, or will not improve the student experience.
Clinical Placements

49  **Motion** by UNIVERSITY OF EDINBURGH

This conference regrets to see that the GMC’s view that “[Medical] students on assistantships should be prepared to give patient care to a level similar to that of an F1 doctor” is not reflected in any pay or benefits for the medical students in their assistantships, and calls on the BMA to:

i) acknowledge that medical students in their assistantships are working, unpaid, at a level similar to that of a week 1 F1 doctor;

ii) lobby the government to pay students during their assistantships a wage that reflects their clinical competencies and responsibilities.

50  **Motion** by UK-MSC FINANCE SUBCOMMITTEE

With the introduction of the medical doctor degree apprenticeship, a precedent has been set for medical students to receive payment whilst undertaking clinical placement. With increasing numbers of medical students facing financial hardship, it is not appropriate nor equitable that some medical students are remunerated for activities undertaken on clinical placement, whilst others are paying for the privilege to do so.

Therefore, this conference calls on Health Education England, the Department for Health and Social Care, NHS Business Services Authority, and the Department of Education to:

i) recognise that activities undertaken on clinical placement by medical students are service provision and would thereby classify these individuals as workers

ii) in state employment rights for medical students including (but not restricted to) receiving the national minimum wage, pension contributions, statutory paid holidays and sick pay.

iii) introduce a standardised salary commensurate to the number of hours worked on clinical placement
A MOTIONS
51 **Motion** by UK-MSC EDUCATION SUBCOMMITTEE

This conference notes that the current educational and curriculum-based policies relating to medical students that have passed through The BMA's Medical Student Conference, Annual Representative Meeting (ARM) and Medical Students’ Committee (MSC) have previously struggled to create change. The BMA has a responsibility to raise student voice in the development of curricula, and to provide information as to what current medical students would like to be taught. This motion aims to create a place for these policies to have an impact on UK medical schools’ curricula by calling for The BMA to:

i) produce, publish and promote a curriculum guidance document aimed towards UK medical schools that is made by collating the aforementioned, non-lapsed policies from conference, ARM and MSC alongside input from the MSC;

ii) provide relevant guidance and signposting in this curriculum document as to how local student engagement and collaboration could be done within curriculum change;

iii) lobby the Medical Schools Council and all UK medical schools to use this curriculum guidance document when changing their curriculum;

iv) ensure this document is updated every 2 years supported by MSC exec and secretariat, so this continues to represent the ideas, wants and opinions of current medical students in what and how they wish to be taught;

v) lobby the General Medical Council (GMC) for including the aforementioned policies into an update of their Outcomes for Graduates guidance documents.

52 **Motion** by SWANSEA UNIVERSITY

This conference acknowledges a need for mandatory teaching of how to get into medical speciality training programs within medical school. This in turn will allow students to prepare themselves early on their medical careers and increase students’ chances of being successful in the first round. We therefore call for:

i) advocating for a personal and professional development session on speciality training pathways every year to provide further guidance on information provided on official websites.

ii) incorporating research opportunities into the curriculum so that students can build their portfolios extensively from the get-go. It is also important to incorporate research design and statistics modules into curriculum so that students have knowledge on how to conduct research;

iii) collating a list of supervisors and clinicians who churned out large volumes of research so that students can easily contact them.

53 **Motion** by CARDIFF UNIVERSITY

This conference recognises the need for interdisciplinary teaching to be an integral part of undergraduate medical education. This should include:

i) better communication between medical schools and schools of healthcare science e.g. nursing, physiotherapy and occupational therapy so that MDT learning can be implemented early on;

ii) further shared teaching sessions between medical, nursing, physiotherapy and occupational therapy students, including but not limited to, theory and simulation.
Motion by UNIVERSITY OF OXFORD

This conference recognises the importance of training politically literate doctors in the UK, as healthcare provision is a public responsibility. Doctors need to be able to engage with decision-making that has large-scale impacts on both patients and working conditions, consequently increasing retention and quality of care long-term. Thus, calling the Medical Schools Council for:

i) targeted education for medical students and staff on the politics of health;

ii) education in medical schools based on analysis of decisions affecting social determinants of health, including the process of policy-making governing the healthcare system.

Motion by ASTON UNIVERSITY

This conference recognises the increasing impact of artificial intelligence (AI), such as ChatGPT, in the education of medical students and calls on the BMA to lobby medical schools to:

i) assess the use of AI by their students such as but not limited to learning in tutorials, lectures, private study, on placements, and for purposes such as revision and note-taking;

ii) provide guidance to their students on the use of AI in their learning, in line with their curriculum and pedagogy;

iii) continue to monitor the advances of AI and update their relevant guidance accordingly.

Motion by UNIVERSITY OF ST ANDREWS

This conference calls on the BMA to lobby the UKFPO to extend special considerations to medical students who are pregnant at the time of applying for foundation training. It is recognised that rotational training and regional coordination is required to fulfil medical workforce quotas nationally; however, at present considerations for preselection are not given to pregnant medical students as stipulated by the UKFPO. Medicine is increasingly recognised as a very challenging career for people who wish to have children and start a family. Pregnant women and new mothers are among the most vulnerable and at risk of isolation in society with 10% of new mothers experiencing depression in the postnatal period and up to 90% of mothers experiencing loneliness. This conference therefore calls on the BMA to:

i) acknowledge that new and expecting mothers are at increased risk of social isolation, deprivation and are in particular need of maintaining support networks;

ii) recognise that by extending the considerations for preselection to apply to pregnant medical students, this would improve the social outcomes for these individuals and social outcomes of their children.

Motion by UNIVERSITY OF LIVERPOOL

This conference acknowledges that there is no formal policy at most, if not all, medical schools regarding students with speech impediments such as stutters during the application process (notably the interviews) and throughout medical schools (most notably during OSCE and clinical examinations). I call on the BMA to lobby the Medical Schools Council to ensure that all medical schools have a protocol to follow when an applicant or medical student has a speech impediment via:

i) consideration that stuttering may not suggest they are not confident/knowledgeable on the question being asked;

ii) recognising those with speech impediments may change the words used to avoid a stutter;

iii) more time to deliver answers;

iv) overall leniency when scoring regarding communication (and/or content);

v) have a method where med school applicants can notify the university of this and to ensure there is no potential pre-interview discrimination based on having a speech impediment and have this follow through in the case of admission to a medical school.
Motion by UNIVERSITY OF EAST ANGLIA

This conference acknowledges the inadequacy of medical care provision for those who are hard of hearing or deaf. Deaf and hard of hearing patients receive poorer follow-up and treatment places them at a higher risk of preventable cardiovascular events and diabetic complications. A key factor contributing to these outcomes is the inadequate understanding among medical professionals about the needs of deaf and hard of hearing patients, leading to suboptimal communication. To address these challenges, this conference recommends the following actions, not limited to:

i) Incorporation of Deaf Awareness in Medical Education, integrating a Deaf Awareness component into the medical school curriculum working in collaboration with the General Medical Council (GMC), Medical Schools Council (MSC), and deaf advocacy groups e.g. Deaf for Britain to produce medical school specific deaf awareness learning objectives;

ii) Liaising with deaf advocacy groups and the MSC to develop medical school relevant safeguarding courses specifically designed to cater to the needs of deaf and hard of hearing patients focusing on recognising the unique challenges of these patients.

Motion by UNIVERSITY OF LINCOLN

This conference recognises the imbalance in teaching of clinical signs in different skin tones with a major disadvantage to those with darker tones especially black skin. Those with darker skin tones face more obstacles in accurate diagnoses due to the lack of education as medical students in not recognising common signs like bruising; also signs of serious illnesses like meningitis. The UK prides itself in being a multiethnic nation, yet it seems the NHS provides an inferior service to those with darker skin tones, going against the NHS value of everyone counts. Therefore, we call upon the BMA to:

i) Reform all medical school’s curriculum making sure students have enough information about all skin tones and use expertise of doctors with more experience in treating darker skin tones to aid the reform;

ii) Provide better resources to aid medical students and to update relevant books to be reflective of all skin tones.

Motion by UNIVERSITY OF OXFORD

This conference recognises the lack of diversity of skin tones in the core medical literature used to depict visible characteristics of disease;

i) Acknowledges that inadequate exposure to different representations of disease in people with darker skin likely contributes to the poorer health-related outcomes experienced by Black, Asian and Minority Ethnic (BAME) patients;

ii) Implores the BMA to lobby medical school educators to ensure that adequate representation of all skin tones is implemented into all core teaching, and to encourage lecturers to utilise (and where possible, contribute to already-existing resources compiling images of diseases on darker skin.

Motion by UNIVERSITY OF SUNDERLAND

Despite NHS values being centred around equality, black women are still 4 times more likely to die during childbirth. As a medical student, we are frustrated that discrepancies between our BAME patients and their white counterparts seem to stay as a statistic for decades without meaningful changes. I believe the first step to solve this issue is to diversify the medical curriculum to ensure that unconscious biases and stereotypes do not influence the care we provide. Specifically, we propose:

i) Introducing a historical element to the medical curriculum where real cases of mistreatment to BAME patients are explored.

ii) Offering the opportunity for medical students to learn from past problems and mistakes and to ensure they never happen again.
**Motion** by SWANSEA UNIVERSITY

This conference recognises the importance of collaboration within the medical community in addressing issues relating to racism and lack of inclusivity. Therefore, we call upon the BMA to ensure medical students from ethnic minority backgrounds are part of an environment advocating for diversity and equality by:

i) introducing anti-racism training as a yearly mandatory requirement into the medical school syllabus from the start of medical school;

ii) advocating initiatives such as mentorships, conferences or workshops to support and connect individuals to professionals within the BAME community who have also faced similar challenges in the system;

iii) providing an anonymous and robust reporting system along with a designated individual to speak to for those who are likely to face the issues for reporting incidents related to racism.

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**Motion** by UNIVERSITY OF LEICESTER

This conference encourages an inclusive surgical environment. We have noted, with dismay, the issue of inadequate headwear in theatre for certain groups, notably for students who have their hair in braids, cornrows, afros or who wear hijabs or turbans. We call upon the BMA to lobby:

i) the Government and NHS/HSC Trusts to source inclusive theatre headwear that complies with safety requirements;

ii) the NHS/HSC Trusts to normalise the provision of inclusive theatre headwear for all at the point of use medical schools to liaise directly with local trusts to ensure the provision of inclusive theatre headwear for their students.

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**Motion** by LANCASTER UNIVERSITY

This conference calls for the implementation of clear, inclusive policies regarding the use of hijabs in surgical theatres, to ensure that medical students and healthcare professionals who wear hijabs have access to guidelines that respects their practices, while maintaining hygiene standards. This conference calls on the BMA to lobby the NHS to:

i) conduct research with professionals and religious leaders to develop guidelines that address the needs of individuals wearing hijabs;

ii) affirm the commitment to inclusively in healthcare;

iii) establish clear guidelines that prioritise hygiene and safety standards in surgical theatres, ensuring that it is adhering to infection control protocols;

iv) strengthen existing policies to include protection against discrimination based on religious attire;

v) establish mechanisms for evaluating the implementation of these guidelines.

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**Motion** by UNIVERSITY OF LEEDS

This conference notes that there is a lack of knowledge about how Islamic Physicians impacted western science and medicine. Therefore, we call on the BMA to:

i) lobby Medical Schools to incorporate the correct information regarding Islamic Physicians into their Medical Education;

ii) aim to inspire others from similar backgrounds in the field of Medicine;

iii) provide more context on the role of Islamic Physicians in the history of Western Medicine.
66 **Motion** by KING’S COLLEGE LONDON
This conference condemns the alarming maternal health disparity in the UK, noting that Black and Asian women are far more likely to die whilst pregnant compared to their White counterparts. Despite this issue being raised with bodies such as HEE and the BMA, further action is needed. We call on the BMA to:

i) acknowledge that racial bias in the healthcare community significantly contributes to this disparity and condemn it in its strongest terms;

ii) lobby the UK Government for proper representation of Black and Asian women in research on maternal health and initiatives such as the ‘Women’s Health Strategy’;

iii) urge medical schools and the NHS to reassess the term ‘BAME’ considering disparities of health inequalities between different communities.

67 **Motion** by UK-MSC WELFARE SUBCOMMITTEE
This conference acknowledges the varying provision of disability and chronic illness support at different medical schools, notably during clinical OSCE exams. We understand how this can be detrimental to those students’ learning, mental health and examination performance. Therefore, we call on the BMA to:

i) lobby the Medical Schools Council to conduct research into the current disability support provided for pre-clinical and clinical years of each university;

ii) work with the MSC reps to gather feedback from students at their university about the accessibility of disability support and the shortfalls in their system;

iii) work with the Medical Schools Council to add disability support questions to the existing wellbeing checklist and following its distribution, ensure universities are completing the checklist.

68 **Motion** by ASTON UNIVERSITY
This conference recognises that burnout is a prominent issue among medical students due to the demanding and stressful nature of the course and calls on the BMA to lobby medical schools to:

i) educate students on the signs of burnout and the local support available when a student is concerned about burnout, either in themselves or their peers, within the first three months of the course;

ii) ensure protected time at least once every week for students in all year groups to pursue activities of their interest and those for their wellbeing;

iii) have structures where all students have easy and timely access to mental health support from peers, staff, and qualified mental health professionals, whether at university or on placement, through schemes such as peer mentoring, personal tutoring, and counselling.

69 **Motion** by SWANSEA UNIVERSITY
This conference prioritizes establishing a nurturing and inclusive environment for all students, recognizing the transformative role of diversity in student success when coupled with dignity and respect. Committed to student well-being, our proposed initiatives include:

i) a thorough examination of support systems for students facing bullying, advocating active involvement of personal tutors;

ii) an investigation into students’ experiences across medical schools, with an emphasis on in-person meetings for a more personal connection;

iii) special attention to students’ interactions within the NHS and broader workforce, extending support beyond academics. This comprehensive strategy aims to identify and rectify negative incidents, fostering an environment where students feel supported in academic and personal pursuits. Through concerted efforts to create an inclusive and respectful atmosphere, we believe all students, regardless of backgrounds, will be better equipped to excel in their educational journey.
70 Motion by UNIVERSITY OF GLASGOW
This conference recognises the prevailing cost of living crisis and the inadequacy of current bursaries/loans for medical students. Studying medicine incurs various concealed expenses, necessitating increased transparency and support. We urge medical schools to:
   i) provide essential equipment, such as scrubs and stethoscopes, for medical students in clinical years;
   ii) heighten awareness of hidden costs, including travel and placement expenses, and explore supportive measures;
   iii) initiate research to comprehend how these necessities may disadvantage financially challenged medical students, assessing the impact on their ability to study and providing necessary support.

71 Motion by UK-MSC FINANCE SUBCOMMITTEE
This conference recognises that medical students are often required to purchase equipment, uniform, learning resources and other minutiae which are mandatory for completion of their medical degree. It is not appropriate that such ‘hidden costs’ are passed onto medical students by their medical school.
Therefore, this conference calls on the Medical Schools Council to:
   i) establish guidance regarding equipment, uniforms and other materials that should be accessible to students without an associated charge;
   ii) encourage medical schools to publish in their prospectus the expected and anticipated additional costs that a student will be expected to meet which would not be covered by their tuition fees.

72 Motion by UNIVERSITY OF WARWICK
This conference acknowledges that a significant number of medical students are burdened by financial pressures arising from travel and accommodation expenses incurred during their placements. Therefore, this conference calls on the BMA to:
   i) lobby medical schools to subsidise car parking charges on campus during academic days and other occasions when medical students are required to attend lectures on the university campus;
   ii) lobby medical schools to establish clear and concise guidelines for travel and accommodation reimbursement procedures for placements located more than an hour away from main campus. This should include provisions for students using public transport if they do not have access to private vehicles;
   iii) lobby medical schools to involve BMA representatives or other medical student representatives in decision-making processes related to travel and accommodation expenses;
   iv) lobby medical schools to ensure the availability of temporary accommodation for placements located more than an hour by car or public transport.

73 Motion by HULL YORK MEDICAL SCHOOL
This conference recognises that medical students often encounter challenges related to parking, and calls on the BMA to:
   i) recognise the financial constraints faced by medical students during their education which are further exacerbated by parking fees;
   ii) lobby relevant authorities, including NHS bodies, medical schools, and local councils, to exempt medical students from parking fees at educational institutions and associated clinical sites;
   iii) advocate for the establishment of specific parking spaces designated for medical students at placement sites and medical schools to ensure convenient and accessible parking options.
74 **Motion** by BARTS AND THE LONDON SCHOOL OF MEDICINE

This conference recognizes the number of increased medical school places and the initiatives to welcome students of lower income backgrounds into medicine, but also calls to strategies around the consequently growing issue of the financial and social barriers in the UK to studying and graduating as one. This conference requests the BMA to:

i) acknowledge the difficulties medical students of lower income backgrounds have in supporting themselves financially whilst studying a demanding full-time degree, especially considering the longstanding extenuating circumstances of chronic physical and mental health conditions, other learning difficulties, and caring for children or others;

ii) liaise with medical school faculty, corresponding NHS trusts and medical education charities to have a nationwide standardised programme for students with lower-income backgrounds to ease access for temporary electronic devices, subscription-based revision resources and books, and medical equipment on campuses;

iii) lobby SFE England and NHS England to restructure the funding programme and tailor it differently for medical students of lower income backgrounds in the later years.

75 **Motion** by UNIVERSITY OF NOTTINGHAM

This conference acknowledges the financial burden of studying medicine, and how this disproportionately affects WP students, particularly during the NHS Bursary funded years. These issues are exacerbated when considering the reduced student loan available and that many universities offering bursaries to low-income student cease to continue them during NHS bursary years. We therefore call upon the BMA to:

i) lobby medical schools to ensure their bursary eligibility for low-income students include all medical students, regardless of their year or NHS Bursary status;

ii) lobby medical schools to ensure that appropriate hardship funds are easily accessible and sufficiently publicised, in addition to (but not a replacement for) low-income bursaries.

76 **Motion** by KING’S COLLEGE LONDON

This conference recognises that the NHS is responsible for approximately 5% of total UK carbon emissions; NHS England alone is responsible for approximately 20 million tonnes of carbon dioxide emissions annually. To attain a Greener NHS and achieve its goal of becoming the world’s first net zero national health service, this conference called upon the BMA to lobby NHS England to reduce their carbon footprint by:

i) relying more on renewable energy sources, simultaneously reducing the dependence on fossil fuels for energy;

ii) limiting the usage of single-use plastics;

iii) continue implementing positive changes in order for NHS Carbon Footprint and NHS Carbon Footprint Plus to reach net zero by 2040 and 2045, respectively.

77 **Motion** by UNIVERSITY OF SUNDERLAND

This conference acknowledges that a large portion of medical students were privately educated and there is still a massive gap between the opportunities afforded to state schools in comparison to those who are privately educated. We call upon the BMA to:

i) lobby medical schools to increase the outreach projects they have with state schools in order to help equity between students who are state educated;

ii) lobby medical schools to have student representatives who are willing to help raise the aspirations of students in states schools from year 7 and above.
Motion by UK-MSC WIDENING PARTICIPATION SUBCOMMITTEE

This conference recognises that being in receipt of the underfunded NHS Bursary precludes students at some medical schools from receiving university bursaries. This policy has a hugely disadvantageous effect on Widening Participation students in particular, and leaves them vulnerable to financial difficulty in the penultimate years of medical school. This conference seeks to remove this ineligibility criteria from every university that currently enforces it by:

i) working, including with other parties, to compose a list of every medical school that includes this exception criteria, and drafting a letter template that can be sent to every one of these institutions highlighting the issue and its repercussions;

ii) lobbying medical schools, including via the use of social media, locally and on a national scale to remove this ineligibility criteria and ensure adequate exposure of the issue amongst students, to help prevent this from being re-enforced in the future.”
GREY MOTIONS
FINANCE

Travel and accommodation expenses

79  **Motion** by UNIVERSITY OF DUNDEE

This conference recognises that medical students should not be put at a disadvantage based on their age when paying for travel as part of their degree. In Scotland, young people under 22 can travel on buses for free, but many medical students are over this age, and this does not apply across the entire UK. This conference calls on the BMA to:

i) acknowledge that travel costs associated with a medical degree are greater than many other degrees, and can be a financial barrier to attending university;

ii) note that increasing student use of public transport will reduce stress on NHS parking facilities and aid in reducing carbon emissions;

iii) lobby the UK and devolved governments to provide free bus travel for all medical students regardless of age.

EDUCATION

Specialty training & career pathways

80  **Motion** by IMPERIAL COLLEGE LONDON

This conference recognises the importance of medical management within the NHS, and believes that a strong future for our health service will come when more frontline staff are able to lead and create change from the top. We need to act early in order to reduce the biggest barriers facing doctors becoming medical managers. Therefore, we call upon the BMA to lobby the Medical Schools Council and the General Medical Council to:

i) introduce some mandated management training within the curriculum for medical students;

ii) ensure graduating doctors are equipped with the skills to lead and manage teams from an operational point of view;

iii) introduce more pathways for medical students and doctors to enter healthcare management training alongside other clinical programmes.

Teaching

81  **Motion** by UNIVERSITY OF ST ANDREWS

This conference notes the significant lack and varied degree of interprofessional education within medical schools, specifically acknowledging the importance nurses play in the clinical environment. It recognises that the lack of education on the nursing profession has not only a negative impact on the multidisciplinary team as a whole, but also poses a risk to patient safety – therefore, we call on the BMA to lobby the General Medical Council to:

i) require all medical education curriculums to include interdisciplinary communication and teamwork skills by implementing interprofessional simulations with nursing students;

ii) introduce and standardise an allocated time during clinical years which medical students are required to spend on nursing placements, helping to provide a different perspective on healthcare and to demonstrate the importance nurses have on patient well-being;

iii) encourage medical schools to include experienced nurse practitioners within their teaching staff, either through nurse-led clinical or tutorial-style delivery.
Motion by QUEEN’S UNIVERSITY BELFAST

This conference recognises the holistic approach to healthcare that a medical student must acquire through medical school. A more integrated way to achieve this goal would be through the creation of interdisciplinary teams within the medical school itself, where students from diverse specialties — such as nursing, social work, pharmacy, and more — come together and collaborate to tackle a case together. This would allow students to not only foster interpersonal relationships amongst themselves but also provide a preview of the dynamics they can anticipate in their professional lives. Therefore, the below demands would have to be met:

i) clear and well-defined training objectives are outlined, focusing on skills that cannot be acquired through traditional training i.e. lectures, rather than the acquisition of medical knowledge, focus on the application of that knowledge;

ii) regular reviews are conducted to evaluate the efficiency of these teams;

iii) consider this might replace case-based learning in the future. Whilst the case remains the same, the students tackling the case would be from various healthcare backgrounds instead of just medical students. This would offer insight into how different specialties view different cases and break down any unconscious bias.

Professional medical practice

Motion by UNIVERSITY OF EDINBURGH

This conference recognises that medical students are vulnerable to inappropriate and distressing fitness to practice and professionalism investigations. Given students have no right to union representation, and no national standards for informal investigations or accountability for the use of investigation threats, this meeting calls upon the BMA to:

i) work to quantify fitness to practice and professionalism investigations by medical schools, including informal investigations;

ii) lobby medical schools and the Medical Schools Council to introduce national guidance on avoiding unnecessary threats of fitness to practice and professionalism investigation against students;

iii) lobby medical schools and the Medical Schools Council to introduce national guidance on informal investigations into a student’s professionalism or fitness to practice.

Medical Associate Professions (MAPs)

Motion by EDGE HILL UNIVERSITY

This conference acknowledges that with the increasing employment of physician associates and anaesthesia associates, patient safety is being put into danger due to a lack of regulation as well as the worry of scope creep both need to be addressed. We call upon the BMA to:

i) ensure that, within their regulation, physician associates and anaesthesia associates must correctly identify themselves when introducing themselves to a patient;

ii) ensure that the role of PAs become more specific to reduce cases where doctors often have to re-examine patients as a result of PAs not making the correct decisions;

iii) lobby the GMC and the government to form a new regulatory body specifically for this role to prevent confusion between doctors, PAs, and AAs.
Medical schools

85  **Motion** by UNIVERSITY OF BRISTOL

This conference is concerned with changes in dress code policy introduced or announced by some Medical Schools, including the University of Bristol, which bans the wearing of ‘personal and political badges’ in clinical settings, and calls on the BMA to:

i) recognise how these changes undermine medical student’s right to self-expression, erases the identity of many students, especially those with protected characteristics, and contradicts the values of anti-discrimination and equality, diversity and inclusion (EDI) held by the NHS,

ii) campaign against this and similar policies in any medical school in the UK, and further challenge this policy if it is applied to doctors or becomes policy of NHS organisations,

iii) defend the right of students to express, within reasonable professional boundaries and balancing self-expression and patient comfort, their identity, personal values and ideas.

Medical apprentices

86  **Motion** by EDGE HILL UNIVERSITY

This conference recognises that the medical degree apprenticeship scheme is set to launch in September 2024 – without clear expectations that must be met by the apprentices, the credibility of the medicine degree may be decreased, creating a two-tier system of doctors. We call upon the BMA to:

i) lobby medical schools, the GMC, and NHS England to produce a framework on how apprentices will reach the high standard of knowledge needed and achieve clinical competencies;

ii) ensure that the BMA has a significant role in drafting the medical apprenticeship contract to protect medical apprentices’ interests;

iii) clarify whether medical apprentices will receive the same degree as traditional medical trainees or if they will be differentiated.

Delivery of medical education

87  **Motion** by UNIVERSITY OF LIVERPOOL

This conference acknowledges the increasing costs of standardized medical school examination question banks and calls upon the BMA:

i) to liaise with universities to ensure a question bank is available free of cost to university students;

ii) to bulk purchase certain question banks for their students such as, but not limited to: Quesmed, Pasmed, UWorld, Pastest etc;

iii) the BMA to provide a question bank free of cost or at a discounted rate for BMA members to have access to.

88  **Motion** by UNIVERSITY OF BIRMINGHAM

This conference recognises the vast disparity in the quality of teaching that medical students within a medical school receive at different hospital sites. This conference, therefore, calls upon the BMA to:

i) lobby Health Education England to levy sanctions upon trusts that deliver substandard education or fail to rectify complaints as identified by medical schools following end of placement surveys;

ii) lobby medical schools and hospital trusts to respond to concerns raised on end of placement surveys within a specified time frame;

iii) lobby the BMA to investigate nationally how exactly funding given to hospital trusts to teach medical students is being used to facilitate medical education;
iv) lobby medical schools to ensure that any centralised teaching resources provided to students are up to date and effective.

89  
**Motion** by IMPERIAL COLLEGE LONDON

This conference acknowledges that many medical schools do not have opportunities for in-depth small-group teaching to garner an understanding of complex concepts after lectures. For a profession that prioritises patient safety above all, this has vast implications for the competency of our future doctors and the patients we care for. This conference calls upon the BMA to lobby the Medical Schools Council and General Medical Council to mandate for:

i) the provision of ample and multiple opportunities per week for small group tutor-facilitated academic discussions with the aim of clarifying students’ understanding;

ii) group sizes to be small enough to allow the majority of students to feel comfortable with asking many questions about the topic;

iii) topics to be democratically chosen by students within the group.

90  
**Motion** by UNIVERSITY OF NOTTINGHAM

This conference acknowledges the difficulties that arise when medical students are not given their timetables within reasonable timeframes in advance of starting their upcoming modules/rotations. This denies students the ability to properly balance both educational and non-educational commitments including employment responsibilities which many students have to undertake alongside their studies. It also does not account for logistical issues, such as placements being spread over multiple sites and students not knowing in advance where to travel to. This issue is exacerbated during exam periods where an increased study burden exists and the risk of burnout is even more apparent. Whilst this conference appreciates there are added administrative difficulties, including staff illness and educator/room availability, there must be a policy in place in order to ensure students receive their timetables within an acceptable period. Therefore, this conference calls on the BMA to:

i) write and publish guidance for medical schools detailing the expectation that a timetable must be distributed at least one week prior to the start of a new attachment, clearly highlighting any unconfirmed sessions and those which may be subject to change;

ii) lobby Medical Schools against the notion that students are expected to be on placement “9 a.m. to 5 p.m. every Monday to Friday”;

iii) lobby for a minimum of 8 hours of protected study time each week (e.g. “self-directed learning) into students’ timetables;

iv) lobby the Medical Schools Council to encourage medical schools to sign up and agree to provide clinical timetables within this suitable timeframe;

v) provide resources and support to BMA student reps to allow them to hold their medical school to account for failing to provide their student timetables with adequate notice.

91  
**Motion** by UNIVERSITY OF BRISTOL

This conference calls upon the BMA to actively advocate for structured mid-term breaks for medical students, aligning with education norms. The breaks must be incorporated into the academic calendar to create a conducive learning atmosphere and support essential rest, recovery, and mental revitalisation. The BMA should take proactive actions, including:

i) collaborating with medical school authorities and educational regulators to enforce standardised policies for mid-term breaks;

ii) working with the GMC to craft guidelines ensuring the inclusion of breaks in the academic calendar, emphasising the importance of mental health for students;

iii) advocating for extended summer breaks for all medical students;

iv) establishing confidential and accessible support channels for students considering study breaks due to mental health concerns.
Clinical Placements

92 Motion by UNIVERSITY OF ABERDEEN

This conference acknowledges the importance of whistleblowing given medical students’ particular vulnerability within the medical hierarchy on placements and calls on the BMA to:

i) investigate the experiences of discrimination of medical students on placement;

ii) lobby medical schools to include microaggression awareness in the curriculum before students start placement;

iii) advocate for transparency regarding consequences for the perpetrator.

93 Motion by UNIVERSITY OF EAST ANGLIA

This conference believes there is insufficient collaboration between the hospitals and medical schools across the UK. This limits the diversity of placement experiences for medical students and disempowers them to choose specialities based on interests. To address these inequalities and ensure a comprehensive placement experience for all medical students we call on the MSC to:

i) increase collaboration between medical schools and hospitals across the UK by appointing leads at each medical school who are responsible for this and who ensure that placement opportunities are comprehensive;

ii) ensure that medical students have access to a wide range of specialties, hospitals and patient groups by encouraging medical schools to expand their hospital partnerships and collaborate with other medical schools;

iii) work with relevant national bodies to fund placement collaboration efforts and to oversee the quality and effectiveness of these placement opportunities.

94 Motion by UNIVERSITY OF BIRMINGHAM

This conference acknowledges that there are inequalities between access to placements for students across medical schools in the UK. This is particularly relevant regarding costs related to travel to placements and acknowledges that many students, particularly those who live far from their placement or are from a lower socioeconomic background, may struggle to access their placement. There is not a uniform policy amongst medical schools, with some covering the full cost of placements in pre-clinical years, and some only partially contributing in clinical years. We call upon the BMA to lobby the Medical Schools Council to:

i) draft guidance requiring medical schools and/or trusts to implement some form of reimbursement for placements based on their distance and considering the socioeconomic circumstances of the student;

ii) universally decide how much reimbursement should be provided according to distance in order to avoid discrepancies between medical schools and/or trusts;

iii) ensure that reimbursement for travel costs is provided for both pre-clinical and clinical years.

95 Motion by LANCASTER UNIVERSITY

This conference finds placement variation between different medical schools that result in disparity in learning opportunities, particularly regarding practical involvement in performing procedures, running clinics and feeling part of the multidisciplinary team (MDT). This conference demands that:

i) students on all placements are given a more involved role within the MDT;

ii) the role of students within the MDT is explicitly and specifically appointed each day that they are on placement;

iii) students are given a role on the MDT that allows them to be helpful in the context of delivering patient care;

iv) medical professionals are routinely made aware when they will be supervisors, so that students are not simply stood out of the way due to lack of preparation.
Assessments

96 **Motion** by ST GEORGE’S, UNIVERSITY OF LONDON

This conference recognises that there is a struggle for students appealing OSCE results at universities where these examinations are not routinely recorded. Students often do not agree with feedback as they remember performing differently compared to what the feedback suggests. Currently, there is no way to satisfyingly resolve these appeals. We call upon the BMA to find ways to facilitate the provision of video recorded OSCEs by working with universities who already provide this. This includes, but is not limited to:

i) gaining consent from the actors/patients to be recorded;
ii) making sure the videos are stored securely in accordance with GDPR law;
iii) ensuring videos are not released to students unless an appeal is made;
iv) understanding the resource implications and mitigating challenges;
v) lobby universities that do not record OSCEs to begin this practice;
vii) follow-up once these programmes have been started to ensure that video-recording of OSCEs is indeed helping.

97 **Motion** by KING’S COLLEGE LONDON

This conference recognises the requirement for graduates to pass the UKMLA from the academic year 24/25. Despite efforts to familiarise students with the exam, many unknowns remain. We therefore call on the BMA MSC to lobby the Medical Schools Council and the GMC to:

i) ensure that further comprehensive information and engagement sessions take place before the upcoming academic year, as well as ensuring that local assessment leads are equipped with clear site-specific frameworks on how the exam is to be delivered;
ii) expand upon the subject matter within the ‘MLA content map’ to produce revision materials, such as exam-style questions, videos and content guides, to familiarise students with the style of the examination; or at the very minimum endorse existing resources.

98 **Motion** by UNIVERSITY COLLEGE LONDON

This conference condemns medical schools which withhold answers to formative/preparatory assessments, inhibiting students’ access to constructive feedback in order to identify areas for improvement. We call for the BMA to lobby:

i) medical schools to ensure appropriate assessment feedback, including answers to formative or preparatory assessments, are provided to students;
ii) the Medical Schools Council to introduce guidelines for feedback to students after both formative and summative assessments for medical schools to adhere to.

Core Curriculum

99 **Motion** by UNIVERSITY OF GLASGOW

This conference recognises the critical need for comprehensive training in end-of-life communication skills within medical education. Acknowledging the impact of effective and compassionate discussions regarding prognosis, treatment options, and patient preferences, is particularly pertinent due to the world’s ageing population. This motion urges medical schools to:

i) facilitate practical training opportunities for medical students to develop proficiency and confidence in conducting end-of-life discussions;
ii) provide hospice clinical visits so they hold the same relevance as hospital and GP placements in medical education;
iii) update the curriculum regularly to reflect advancements in end-of-life care, ensuring that medical education remains current and aligned with the evolving evidence base and patient expectations.
**100**  
**Motion** by QUEEN’S UNIVERSITY BELFAST

This conference recognises the paramount importance of the role nutrition plays in shaping health outcomes; this motion seeks to prioritise and elevate the understanding of nutritional health within the medical community and among the broader public. We call on the BMA:

i) to collaborate with medical schools and nutrition experts to integrate a comprehensive nutritional education into the medical school curriculum;

ii) to spearhead public awareness campaigns to highlight the critical role of nutrition in health and its contribution in the prevention of many prevalent illnesses;

iii) to facilitate seminars, webinars and conferences focused on addressing the misinformation surrounding dietary trends which can adversely affect people's health.

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**NHS, HEALTH AND SOCIETY**

**Health care research and delivery**

**101**  
**Motion** by UNIVERSITY OF PLYMOUTH

This conference acknowledges that there is a need for every UK Medical school to ensure their students are safe whilst on hospital placement in the presence of ionising radiation. To address existing gaps in ionising radiation safety protocol, this conference calls on the BMA to:

i) acknowledge that there is a lack of awareness surrounding the safety of medical students exposed to ionising radiation;

ii) lobby the Medical Schools Council to emphasise the need for a more robust inclusion of radiation safety inductions to the curriculum of all UK medical schools;

iii) lobby UK medical schools to recruit a lead to monitor medical student safety when exposed to ionising radiation whilst on placement;

iv) lobby UK medical schools to monitor the levels of ionising radiation their students are exposed to.

**102**  
**Motion** by UNIVERSITY OF PLYMOUTH

This conference acknowledges that maternal mortality rates are 3.7 times higher in Black women and 1.8 times higher in Asian Women in the UK compared to their white counterparts and calls upon the BMA to lobby the Royal College of Obstetricians and Gynaecologists along with the Royal College of Midwives to:

i) Investigate the causes that may influence the higher maternal mortality rates in Black and Asian women acknowledging that there might be several;

ii) Provide more training for midwifery students and trainee obstetrician-gynaecologists of the higher maternal mortality rates amongst Black and Asian women and ways to try to reduce these rates;

iii) Implement policies classifying Black and Asian women as a higher clinical risk during and after pregnancy.

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**International affairs**

**103**  
**Motion** by NEWCASTLE UNIVERSITY

This conference acknowledges that in war-torn societies, healthcare infrastructure rapidly deteriorates. This inevitably causes disruption to medical students, often agents of future rebuilding.

Following the invasion of Ukraine, the Medical Schools Council launched an effort to mitigate these effects, by providing access to a variety of online teaching resources, such as Speaking Clinically. In light of this action, this conference calls for:
i) liaison between medical education departments, IT support, relevant stakeholders and other universities in need to provide;

ii) a single online framework which medical students abroad will be able to activate on demand, shoring up their education for a finite period of time;

iii) access to support from a UK medical student ‘buddy’ and an NHS mentor.

Retaining the workforce

104 Motion by UNIVERSITY OF LEICESTER
This conference recognises the current decline in medical student motivation to remain within the NHS workforce after graduation. Therefore, the BMA must:

i) raise more awareness of the AIMS (Ascertaining the career Intentions of UK Medical Students) study findings for understanding factors affecting UK medical students’ post-graduate motivations;

ii) acknowledge that Junior Doctors act as pivotal role models for current medical students;

iii) recognise that the outcome of continued industrial action directly influences medical students’ attitude towards the NHS working environment being fit for purpose;

iv) lobby for the creation of a national forum whereby medical students can propose focused recommendations to improve NHS working environment with other key stakeholders.

105 Motion by QUEEN’S UNIVERSITY BELFAST
This conference recognises the increasing will of medical students planning to leave the UK with 1 in 3 planning on leaving the UK past graduation. We call upon the BMA to aid the decrease of students leaving by lobbying relevant bodies to:

i) increasing the number of training posts available for specialities which are understaffed and competitive;

ii) continuing action involved in attaining full pay restoration to 2008 levels - and also in achieving better working conditions;

iii) possibly giving priority to domestic graduates for jobs, putting us in line with countries like the USA, Canada and Australia;

iv) increasing attention to mental health issues within the medical profession.

106 Motion by UNIVERSITY OF LINCOLN
This conference recognises that UK medical students have become disenchanted by the reality of working life in the NHS following the completion of medical school. In a recent study, 1 in 3 current medical students cited push factors such as poor work-life balance, working conditions a lack of compensatory pay as reasons for leaving the NHS within 2 years of graduation. Some of the triggers for medical students leaving are preventable and could be solved with a more compassionate and supportive workplace environment. The failure to act quickly to retain UK medical graduates will result in the haemorrhage of talent. We therefore call on the BMA to:

i) lobby the government and HEE to improve the retention of junior doctors by increasing financial incentives and support for trainees, such as expanding the eligibility criteria for claiming relocation expenses;

ii) lobby HEE to increase the number of speciality training posts by recruiting and encouraging more senior doctors to undertake teaching and training as part of their roles, to reduce bottlenecks for junior doctors;

iii) acknowledge that degraded pay, worsening working conditions and job satisfaction are causing highly skilled doctors to seek more flexible opportunities abroad.
Motion by ST GEORGE’S, UNIVERSITY OF LONDON

This conference acknowledges the significant impact of mental health issues on medical professionals and the care they provide. It calls upon the BMA to advocate for mandatory, regular mental health assessments and the establishment of comprehensive support services for all medical professionals to maintain their mental well-being through:

i) the implementation of regular, confidential mental health screenings for all healthcare staff;

ii) the provision of ongoing support and counselling services accessible within the workplace;

iii) the development of educational programs to promote mental health awareness and resilience among medical professionals.

Motion by UNIVERSITY OF EXETER

This conference recognises the impact of changing day-night shift patterns on the health of foundation doctors and the consequences of this for their patients. Changing endogenous circadian rhythms disrupts natural cycles of cortisol, melatonin and even alters expression of genes. This increases risk of cancer, diabetes and vascular events. Furthermore, alertness and work performance are impaired due to sleep loss, inadvertently putting patients at risk. Allowing doctors to complete all night shifts per rotation consecutively would result in a maximum of three circadian switches per year, as opposed to numerous switches with current working patterns. This would increase alertness at work, promote circadian alignment and better sleep. This method is seen already in the US healthcare system with great effect. Help us be healthier, better rested and provide safer patient care. We call on the BMA to lobby relevant bodies to give foundation doctors the option to complete all night shifts per rotation consecutively, encompassing usual days off to provide adequate rest in between.

EQUALITY AND DIVERSITY

Ethnic minority students and anti-racism

Motion by UNIVERSITY OF LEEDS

This conference notes that the negligence of women and ethnic minorities in the healthcare system is a pressing issue characterised by disparities in access, diagnosis and treatment. Therefore, we call on the BMA to:

i) advocate for medical research exploring differential presentations in women and ethnic minorities;

ii) address biases in the medical system concerning women and ethnic minorities and advocate for stakeholders to do the same;

iii) lobby relevant stakeholders to correct their findings in medical textbooks.

Motion by UNIVERSITY OF CAMBRIDGE

This conference acknowledges the implicit racial bias in diagnostic procedures and the delivery of medical care. This conference calls upon UK Medical Schools to promote equity and improve healthcare outcomes for BME patients through:

i) acknowledging this bias in the design of medical equipment, such as pulse oximeters, which does not factor the pigmentation of darker skin when assessing blood oxygen levels. Therefore, ensure there is a focus on alternative diagnostic strategies that more accurately assesses BME patients, including images of darker skin when teaching the clinical presentations of dermatological conditions;

ii) cultivating cultural competence through unconscious bias training which teaches effective communication in the presence of language barriers and awareness of cultural nuances when building trust with patients.
Student mental health

111 Motion by UNIVERSITY OF CAMBRIDGE
This motion aims to foster a more inclusive and equitable mental health care system for ethnic minorities, acknowledging the unique challenges faced in accessing quality psychiatric care and emphasising the importance of medical education in preventing biases and stigma. We call upon the BMA to:

i) address and rectify systemic factors within the medical establishment that contribute to mental health inequalities;

ii) integrate cultural competency education into psychiatry curricula to address biases and prevent stereotyping;

iii) promote efforts in closing cultural gaps, such as Mind the Gap. Promote integration of educational resources that explore the intersection of racism, trauma, and psychiatry;

iv) involve service users, communities, carers, and mental health providers in the development of effective, culturally aware interventions.

112 Motion by UNIVERSITY OF BRISTOL
This conference acknowledges the mental toll experiences within placement and different case studies can have upon medical students and that this is inadequately dealt with currently. The BMA acknowledged in 2018 40% of doctors and medical students report psychological conditions. However, due to stigma, inability or reluctance to seek formal methods of help the statistics may be greater leading to reduced satisfaction and an inability to enjoy and cope with medicine. Whilst often we are signposted to NHS services or services within the university there can be a reluctance to get involved with such a structured intervention. Therefore, we call on the BMA to:

i) acknowledge this is a problem often not being dealt with adequately by medical schools with the sensitivity it requires

ii) lobby the MSC to start an initiative within all UK medical schools to form small focus groups of medical students within their medical school where they can confidentially and safely discuss any particularly upsetting cases or cases that resonated with them too deeply. This could be implemented once a month and is optional for students to attend but is an allocated time to focus on oneself and acknowledge how they are feeling with people who can also relate.

iii) have a trained mental health safeguard leader/therapist in these meetings who can facilitate these meetings;

iv) make this a protected time within their timetable to avoid any conflicts with placement teaching/central teaching. These can occur within the academy if students are still out on placement.

Women’s health

113 Motion by LANCASTER UNIVERSITY
This conference acknowledges that there is a discrepancy in provision of women’s healthcare due to inadequate education and insufficient research directed towards that branch of healthcare. Eradicating systemically internalised stigma by increasing education on female anatomy and common pathology, beyond the current and outdated standard, will raise awareness in female patients, medical students, workers and researchers to achieve a higher level of efficacy in managing related problems and reducing health anxiety. We are lobbying for improvement in women’s care by:

i) introduction of accessible education materials and raising awareness for common reproductive and menstrual pathology such as ovarian cysts;

ii) compulsory inclusion of all female anatomy, including the clitoris, in medical school education materials such as textbooks, models etc;

iii) clinical research aimed at finding an alternative to oral contraception that assists with the expulsion or prevention of functional cysts.
114 **Motion** by UNIVERSITY OF WARWICK

This conference acknowledges the inconsistency in the education of female-specific anatomy and physiology, menstrual health (and common disorders of) in young people, and supports:

i) lobbying the government to implement female-specific anatomy and physiology into the teaching of core science curriculum within secondary education;

ii) engaging with NHS outreach to raise awareness of the pathophysiological and psychological presentations of menstruation and physiological development, (including disorders of);

iii) supporting medical students and doctors to efficiently diagnose and manage menstrual disorders in females.

115 **Motion** by UNIVERSITY OF NOTTINGHAM

This conference recognises the bottleneck of doctors who have completed foundation training but are unable to secure surgical training posts due to increasing competition ratios – those with limited surgical experience being most at a disadvantage. Despite surgical skills training being considered an important component of undergraduate medical school education, basic surgical skills training is still limited and there is a disparity in surgical skills training provided by different medical schools. With the future of surgery leaning towards robotic and artificial intelligence-assisted systems, there is a need for medical students to be exposed to these technologies whilst at university. UK foundation trainees undertaking surgical rotations are routinely faced with prioritising acute clinical needs on surgical wards at the expense of developing their practical skills in theatre and teaching sessions. Therefore, this motion calls for the BMA to lobby UK medical schools, relevant statutory education bodies and the surgical royal colleges to:

i) ensure that all UK medical graduates are provided with standardised basic surgical skills training, as outlined by the General Medical Council’s Outcomes for graduates, and have sufficient surgical exposure in clinical years;

ii) recommends placement providers offer medical students exposure to new surgical advancements such as robotic and artificial intelligence-assisted surgery, as well as access to surgical simulation programmes;

iii) guarantee clinical exposure for foundation trainees by having protected teaching hours, minimum hours in theatre and for surgical royal colleges to introduce speciality fellowship programmes to allow graduates with a strong interest in surgery to further enhance their portfolio alongside their foundation training.

116 **Motion** by UNIVERSITY COLLEGE LONDON

This conference recognises how the algorithm-generated ranking system used in the new Preference Informed Allocation (PIA) process of the UK foundation programme is likely to result in the oversubscription of urbanised areas that were previously highly competitive in the old allocation system, and how this in turn may lead to less graduates receiving their top choices of foundation programmes. The analytical evidence that was generated to support PIA was based on data of foundation programme choices taken from students who were applying to the old system, and so does not reflect students’ choices in a randomised rank setting, showing that data to be outdated and invalid in supporting this new policy. Therefore, the conference calls upon the BMA committee to lobby the UKFPO along with the UKMLA to restructure the allocation process by:
i) restructuring the UKMLA to include questions that are able to differentiate between graduating students’ competencies as opposed to only ascertaining that all students are competent enough to graduate;

ii) therefore, given that a pilot UKMLA study would need to have shown particular demographics of students would not be disadvantaged, the UKMLA can be used as a standardised mark to nationally rank students in the UK;

iii) this rank can then be used to undergo the same two passes of the algorithm used in the current allocation system implemented by the UKFPO, with aims to fairly allocate as many people to their top choices as possible.

117 Motion by HULL YORK MEDICAL SCHOOL

This conference recognises the stress burden caused to students by the recent changes to the foundation programme allocation system being based on random computer-generated ranking. The ‘Preference Informed Allocation’ system, as it is now, results in a distorted reflection of students’ true preferences as they try to ‘play it safe’ and rank the regions they would dislike the least as top preferences. This conference also recognises the need for foundation year doctors across all deaneries, but is appalled at the lack of additional incentives and benefits to attract applicants to less popular regions in the Foundation Programme. Therefore, we call on the BMA to:

i) lobby the UKFPO to collect data about the true preferences of foundation programme applicants, i.e. if there were unlimited places available everywhere;

ii) lobby the UKFPO, afferent foundation schools and NHSE to add further benefits to jobs in less popular regions;

iii) lobby the UKFPO, afferent foundation schools and NHSE to add financial incentives to jobs in less popular regions.

118 Motion by NEWCASTLE UNIVERSITY

This conference acknowledges the BMA’s confirmation of FY1 positions for all new junior doctors in 2024, offering temporary relief. However, ongoing guarantees are crucial to address persistent workforce challenges. The motion underscores the need for strategic planning, urging the BMA to:

i) advocate for NHS England to commit to sustained funding and workforce planning beyond 2024;

ii) confirm acknowledgment of the specialty training bottleneck from NHS England and lobby for a resolution;

iii) form a national task force for workforce planning;

iv) establish a framework for the implementation of a quota for maximum numbers of medical students per ward.
BMA STRUCTURE AND FUNCTION

119  **Motion** by ULSTER UNIVERSITY

Consideration for the affiliation of the BMA with the Trade Union Congress (TUC). Affiliation with the TUC would elevate the leverage of the BMA as an organisational body and would allow for effective collaboration with other trade unions, specifically other healthcare unions (e.g., the RCN). Affiliation has the potential to strengthen solidarity between our members and those of other healthcare unions, as well as the bargaining power of everyone. It is particularly important to consider affiliation in a time such as this where many different unions are concurrently undertaking industrial action.

DEVOLVED NATIONS

Wales

120  **Motion** by WELSH MEDICAL STUDENT COMMITTEE

This conference recognises the existing financial challenges faced by medical students in Wales and urges the BMA to:

i) advocate for greater transparency from the NHS student award services on bursary rates, calculations and assessments;

ii) work with Welsh Medical Schools to address the financial challenges incurred by medical students attending placements across Wales, especially those in remote areas where transport is limited, through research and bursary provisions;

iii) work with Welsh medical schools to allow travel reimbursement for travel to all different types of clinical placements.
BEFORE CONFERENCE
Many months of preparation go into organising the conference. The members of the Agenda Committee (AC) are elected from conference, except the co-chairs of the MSC, who are elected by the MSC.

The AC is made up of:
- Chair of conference
- Deputy chair of conference
- Four members elected from conference
- The immediate past chair of conference
- Chair (or co-chairs) of the MSC.

The AC is supported by the MSC secretariat.

AC members and MSC office holders will be happy to help if you have any queries.

**Motions** – statements that are submitted for debate at conference are called motions. Motions are submitted by delegates from medical schools via their MSC representatives and by the MSC executive, MSC subcommittees and MSC member relations liaison group as well as the devolved nation MSCs.

**Ordering the motions** – the task of checking, ordering and categorising the motions that make up your agenda falls to the AC.

**White motions** – White motions will be debated at conference, and will be voted on to decide whether or not they pass into policy. Top priority motions for debate have been included in the first part of the agenda as white motions. Most of the remaining motions are categorised as grey motions.

**Grey motions** – this consists of almost all other motions that were submitted. You will be asked to cast an online vote on which five grey motions you think should be prioritised for debate. The grey motions are then allocated what available debating time is left according to the number of votes they received, at the discretion of the chair.

To vote for which grey motions you would like to see debated, please follow the instructions you have received via email.

**At conference**
White motions will be debated first. This is to ensure that as many medical schools as possible get to contribute to the debate. White motions are debated in the order they appear in the agenda and the chair aims to adhere to the programme timings in the agenda to ensure conference runs smoothly. To ensure that conference runs to time, the chair may limit the number of speakers for a motion, calling an end to the debate when they feel that enough discussion has taken place to enable delegates and representatives to form their opinions to vote on the motion.

**Who may speak?**
Any member of conference may speak for or against a motion. Make sure you submit a speaker slip in advance to do so! The proposer of a motion under debate is asked to speak first and the chair of conference will then open the floor for debate. Those who have indicated they want to speak either for or against a motion will then be called to speak by the chair.

**Order of speaking**
The proposer of a motion will be invited to speak first. This will be followed by speakers for and against a motion, in the order they are called to speak by the chair. The chair will call speakers to ensure a balanced debate. Those who have never spoken at the medical students conference before ("first-time speakers") will usually be prioritised. Following the debate the conference chair will ask the chair/co-chairs of the MSC and the chair of BMA Council (or any other chief officer of the BMA present at conference) if they have any information or comments on the motion they wish to add, that may be of use to the conference. The proposer then has the right to reply to the debate.
**How do I indicate that I want to speak?**

Representatives and delegates will be asked to speak at the discretion of the chair on the day. All attendees of conference must inform the chair of their desire to speak by submitting speaker slips in advance. Speakers are also invited to mention a particular expertise they can bring on a subject or lived experience when submitting a slip, as well as importantly any conflict of interest they may have. All those interested in speaking must submit speaker slips to the agenda committee in as far as advance as possible via this [Microsoft Form](#). The form is also available to access through the BMA conference app. More information on this has also been emailed to conference attendees.

The AC will order the speaker slips and pass the information to the chair or deputy chair as this helps the smooth running of the debate. We strongly encourage everyone to speak at conference. While you are speaking, please avoid making personal attacks or inflammatory statements and keep all comments as constructive and respectful as possible. See the guidance on ‘media coverage’ and defamation in the ‘tips’ section at the front of this guide.

**How many times may I speak?**

You can indicate you wish to speak as many times as you wish. However, you may not address conference more than once on any one motion, amendment (alteration to a motion) or rider (addition to a motion). The only exception to this is that the proposer of a motion, amendment or rider has the right to reply — although the reply should be confined to summing up and answering points made by previous speakers. New material must not be introduced into the debate. There is no limit for speaking on the number of different motions that you can speak to, but the chair of conference will prioritise first time speakers and try and ensure many different people have a chance to speak.

**For how long can I speak?**

The proposer of a motion may speak for three minutes. No other speech, including the proposer’s summation, may exceed two minutes except at the discretion of the chair.

**How do I vote?**

All medical student members of the conference shall be entitled to vote (unless they are attending as observers — see the standing orders). Delegates will be asked to vote during the day by using an electronic voting tool called NemoVote. Further instructions on how to use the voting app and a quick guide are provided with the delegate pack.

**Abstentions**

Abstentions will affect the passing of motions. If more than half of the voting members of conference abstain from voting, the motion will fall and it will be treated as though it had never been debated. Please try not to abstain unless you think it is absolutely necessary to do so. People often abstain because they either don’t understand the issues surrounding a motion or they feel that it doesn’t apply to them. If you are proposing a motion, please ensure that you educate your audience fully. If, as a delegate, you feel that a motion doesn’t apply directly to you, consider the arguments and vote as though it did.

**What’s the difference between the white and grey motions?**

The white motions are the motions that have been prioritised by the agenda committee as important items to debate. All white motions will be debated.

The grey motions are all remaining motions that have been submitted by representatives ahead of conference and included in the agenda. You will be asked to vote for grey motions to be prioritised and for debate. Once the time allocated for the grey motions has run out, debating will stop. The number of grey motions that are debated is at the discretion of the chair and will depend on how much time is available near the end of the second day of conference.
What do the lines and asterisks (*) mean?
You may see lines and asterisks beside motions listed in the agenda. When motions are submitted with very similar content, they can be bracketed or composited together by the AC. This is represented by the line at the side of the motions. The AC will then choose the most appropriate motion or compile one from the submitted motions. Only the top listed motion, marked with an asterisk (*) will be debated and if passed will become BMA policy. The chair will endeavour to allow proposers of bracketed motions a chance to speak, and the constituency of the lead motion (with the asterisk) must submit a speaker slip to propose the bracket or composite. Should you strongly disagree with the bracketing or composition, you must apply to the AC before the start of the conference to have a bracket reviewed, but the order of motions will still remain the decision of the AC. You will see this at other BMA committees and at the annual representative meeting.

What does the letter ‘A’ beside a motion mean?
You may see the letter ‘A’ beside a motion in the agenda. This symbol appears on motions that are considered by the AC to be issues that have already been covered by existing MSC policy. ‘A’ motions are voted on without debate. Existing MSC policy can be found in the updated conference policy guide and BMA policy database. The symbol is there as a guide for when delegates and representatives are considering which motions to vote for in the ballot. Should you strongly disagree with a motion being labelled ‘A’, you must apply to the AC before the start of the conference to have it reviewed, but the classification of motions will still remain the decision of the AC.

What are committee business motions?
The MSC executive may submit up to three committee business motions. These will not be debated and will be voted on and, if agreed, will be passed into the policy book. They are only selected if non-controversial and a benefit to the work of the committee. You will have an opportunity to submit any enquires on committee business motions to the MSC after publication of the agenda and prior to conference. In the unlikely event that you strongly disagree with a motion being labelled a committee business motion, you must apply to the AC before the start of the conference to have it reviewed, but the classification of motions will still remain the decision of the AC.

Can I change a motion?
Yes, you can suggest an amendment or rider to a motion. See below.

How do I amend a motion on the agenda?
An amendment is usually a subtle change but can be a complete ‘rewrite’ of a motion that may change its meaning and therefore change the chances of it being passed. Amendments are generally proposed by experienced debaters who sympathise with a motion but can anticipate difficulties in implementation because of the way it is worded.

What is a rider?
A rider is an addition to a motion, which is debated after the original motion has been passed. Riders support, expand or explain a motion.

For example, the hypothetical motion:
“That this conference calls on BMA Council to investigate the shameful under-funding of the medical students conference” could have the following rider added to it: “and calls for the funding to be doubled forthwith”.

Both amendments and riders must be submitted via the same system as speaker slips. They can only be taken on the day of the conference if submitted well before a motion is debated and at the discretion of the chair. This means that you should read through motions as soon as you receive the agenda to see if you feel they should be changed or added to.
How are amendments and riders accepted?
You must check your amendment or rider is accepted by the individual who will be proposing the motion. If you are not sure who is the original proposer of a motion, please check with the agenda committee or the secretariat on the day. If they accept the changes the debate continues with the changes in place. If they don’t accept the changes they are put to the vote. If conference decides that the changes are a good idea and chooses to accept them, the responsibility for the motion passes to the individual who proposed the changes. If they are not accepted, the motion remains as it is.

What are emergency motions for?
Emergency motions usually deal with events that have arisen after the deadline for submission of motions. The AC will decide whether an emergency motion should be put to the conference for debate.

What is a ‘point of information’?
If a delegate or representative wishes to make a brief factual point on the motion while it is being discussed by a speaker (such as a short fact or statement), they may indicate this to the chair and ask for a ‘point of information’. The speaker is then at liberty to accept it or refuse it. If accepted, the representative may speak but if rejected they must allow the speaker to continue. An opinion is not a point of information.

What is a ‘point of order’?
If a delegate or representative feels a rule has been broken or the chair needs to intervene they may indicate this to the chair and call a ‘point of order’ from the floor. The chair will then decide if the caller may speak and voice their point. The chair must then make a ruling decision if the point of order is sustained or overruled.

Can conference ever skip debate and simply vote?
It may be proposed that a motion (or amendment or rider) under debate is immediately voted on without any further discussion. This is done by a call of ‘vote’ from delegates or representatives from the floor and usually takes place when conference feels they have heard enough speakers. If this proposal is accepted by the chair and carried by two thirds of those present, the mover of the original motion has the right to reply before the question is put.

Does there always have to be a vote on a motion under debate?
It may be proposed that the conference moves on without any further debate or vote on a motion (or amendment or rider) under discussion. This is done by a call of ‘next business’ from the floor. If a proposal to move to next business is made, seconded and also then accepted by the chair, the mover of the motion will have the right to reply and explain why conference should have the original debate before the proposal to move to next business is put. If two thirds of those present accept the call to move to next business, the motion under discussion will not be debated further and the motion will be treated as if it had never been considered. Debate will move to the next motion as dictated by the agenda. If the two thirds majority is not reached, debate of the current motion will continue from the point at which it was interrupted. This call is rarely used, as delegates and representatives are encouraged to speak on motions they feel strongly about, rather than to use this call in an attempt to suppress democratic debate.

What does it mean when a motion is ‘taken as a reference’?
Sometimes delegates or representatives will make a call for ‘reference’ from the floor. This may happen to a motion which contains a good idea but whose wording is so flawed that it is likely to be defeated otherwise. The ‘spirit’ of the motion will be referred to the MSC for consideration, but the motion itself will not become substantive policy. The proposer of the motion will be asked whether they accept that the motion should be taken as a reference, or otherwise risk the motion being lost.
**What happens to motions that are carried?**

Carried motions become conference policy, unless a proposal is made during debate to consider and vote on the motion being taken ‘as a reference’. The AC considers all conference motions that are carried. Motions that are carried can form MSC policy, be referred to the annual representative meeting for further BMA debate or be referred to the appropriate BMA committee or department. The medical students conference is separate from the MSC in this regard. All motions that are carried will be incorporated into the conference policy guide for 2023.

**Conference top table**

At conference there will be a number of people on the ‘top table’. These individuals carry out various roles at conference. The function of the ‘top table’ is not to instruct conference which way to vote; it is for conference to decide which way it wishes to vote on any matter. However, some members of the top table may give information pertinent to the issue under debate, prior to voting, in order that all members of conference have all relevant information.

**Chair of conference**

The chair of conference chairs the debates, introduces speakers and ensures that process and procedure are followed properly. The chair also chairs the AC meetings and steers the conference from its inception to the end of the two day conference.

**Deputy chair of conference**

The deputy chair advises and supports the chair of conference throughout the conference. The deputy chair will chair part of the conference to allow the chair to have a break or deal with any issues that might require the chair’s involvement during conference.

**Chair/co-chairs of MSC**

As part of the conference debates, the chair/co-chairs of MSC is asked whether they wish to comment on any of the motions, immediately following each debate. This gives the opportunity for the MSC chair/co-chairs to inform conference about any policy, background or other information or give their opinion that would relate to the issue that is subject to debate. This will allow representatives to have all relevant information before they vote. Following debate, it is for conference to decide in the light of debate and all information how to vote on each motion.

**MSC portfolio leads**

The MSC splits workload between four deputy chairs (welfare, finance, education and widening participation) who are elected to lead on their policy areas and support the co-chairs in taking forward work. Portfolio leads may be asked to sit on top table for relevant sections/motions in order to brief the conference chair.
Chief officers of the BMA

The chief officers of the BMA are invited to attend conference. Not all may be able to attend but there will be at least one officer present at the conference on the top table. The MSC is part of the BMA and because of this the chair of Council, or the officer at the table, is asked at the end of each debate whether they wish to comment on the motion. This allows the BMA to give pertinent information to conference about the issue under discussion, particularly if there are significant financial implications to the BMA of any resolution passed.

Chair of BMA council: Phillip Banfield
Deputy chair of BMA council: Emma Runswick
Chair of the representative body: Latifa Patel
President: Sir Ian Gilmore
Treasurer: Trevor Pickersgill

Committee secretariat to MSC

Advise and assist the chair or co-chairs in relation to policy and procedure, take minutes and provide general assistance to the chair, top table and other attendees.

Standing for election

Every year, a certain number of positions are available for attendees of the conference to nominate themselves for elections. These positions are:

1. Chair of conference for 2025
2. Deputy chair of conference for 2025
3. Four members of the agenda committee for the MSC conference 2025
4. Four medical student representatives to the (JDC) junior doctors conference at BMA House, 27 April 2024*
   a. two representatives from the medical students committee
   b. two medical students representatives, not necessarily members of the medical students committee
5. Thirty one medical student representatives to attend the (ARM) annual representative meeting of the BMA in Belfast, 24-25 June 2024.

You don’t have to be an MSC representative or deputy representative to run for these posts. If you feel passionate about conference take your opportunity to run for the AC but don’t forget that it does require some time commitments over the academic year.

In the event of an election, an online ballot will be conducted by the elections team. All candidates in all elections must be a current member of the BMA. Results will be announced at the close of conference. If conference overruns, the ballot may be held online in the weeks following conference.

Summary of elected positions

Role of the chair, deputy chair and AC

The AC consists of the chair and deputy chair of conference, four members elected by conference, the immediate past chair of conference and the MSC chair or co-chairs. The AC is responsible for setting the agenda for the conference, which includes selecting a theme if appropriate, inviting keynote speakers, choosing workshops and their facilitators, as well as collating and amending the motions submitted by medical schools, while checking them for redundancy with previous conferences’ motions. In addition, the AC is responsible for liaising on matters relevant to the conference with the BMA representatives at each medical school, advising them on how to write motions and promoting the conference at their medical school. Finally, the AC runs the annual policy review, proposing outdated and redundant MSC policy to be lapsed at the next conference.
Chair of conference
Responsibilities
The responsibilities of the chair of conference include:
– Chairing the AC meetings
– Giving an explanation of conference during training day
– Updating the conference guide and motion templates circulated to representatives
– Inviting and co-ordinating guest speakers and workshop facilitators
– Compiling the debate agenda including:
  – choosing priority motions
  – recommending motions for open mic debate
  – considering composite motions
  – ordering the agenda
  – co-ordinating and assisting AC members with amendments to motions
– Chairing the debating sessions during conference
– Updating the policy guide following conference
– Advising the MSC and executive on conference policy
– Answering email/verbal queries regarding conference

Time commitments
The chair of conference is required to attend the following meetings:
– 3 x AC meetings
– Conference (2 days)
– MSC training day
– 4 x MSC meetings
– 3 x MSC executive committee meetings
– 3 x joint agenda committee meetings (relating to the BMA annual representative meeting)
– Additional time outside meetings on conference related activities (preparing for meetings, liaising with AC members, checking minutes etc) throughout the year with on average 8 hours per week in the weeks prior to conference and around motion submission deadline.

Deputy chair of conference
Responsibilities
The responsibilities of the deputy chair of conference include:
– Assisting and supporting the chair of conference
– Leading on choice of the conference entertainment
– Assisting in the chairing of the debating sessions during conference
– Assisting AC members with amendments to motions
– Assisting the chair with choosing priority motions
– Deputising for the chair as required
– Advising representatives and delegates regarding their motions and answering any queries

Time commitments
The deputy chair of conference is required to attend the following meetings:
– 3 x AC meetings
– Conference (2 days)
– In addition, some further time working outside meetings

BMA annual representative meeting – representatives
The annual representative meeting is the BMA’s key policy making meeting each year. With more than 600 motions on the annual representatives meeting agenda and many hundreds of participants, representatives debate and decide on BMA policy on a wide range of professional, ethical and medico-political issues over the course of the four-day meeting. Medical students form an important and active membership of the ARM and attendance gives students the chance to have a real and direct influence over BMA policy. Representatives attending on behalf of the MSC are required to represent the views of the MSC and are encouraged to speak during the debate.
**Junior doctors conference**
The BMA has an annual conference for hospital junior doctors. JDC (junior doctors committee) policy is strongly guided by this conference as the motions debated help to ensure that the BMA represents the views of juniors, whilst raising the profile of the importance of junior doctors’ training and working conditions. The JDC covers all doctors in the training grades, from foundation programme to CCT level.

**AC members**
**Responsibilities**
The four elected AC members are the staunch support for the chair and deputy chair, being the direct link between representatives and the AC. As such their responsibilities include:

- Supporting/advising members as they write their motions
- Answering questions medical school representatives and delegates may have
- Reviewing the priority motions chosen by the chair and deputy chair
- Amending submitted motions and liaising with representatives regarding suggested changes
- Providing continuous input to conference planning including:
- Workshop responsibilities (organising, designing and facilitating)
- Undertaking other tasks as allocated by the chair
- Ensuring the smooth running of the conference on the day by assisting and advising representatives and delegates, co-ordinating speakers, counting votes, running a teach-in etc.

**Time commitments**
AC members are required to attend the following meetings:
- 3 x conference AC meetings
- Conference (2 days)
- Additional time commitments throughout the year depending on delegated work.

**Deadlines and conditions**
Nominations for all positions should be submitted via the BMA online nomination and elections system from **10:00 Wednesday 10 April 2024**. In the event of an election, nomination forms will be available online. Please note that for elections for the conference chair, deputy chair and AC positions the candidate must be a medical student for the duration of the 2024-25 academic year. All candidates in all elections must be current members of the BMA.
REPORTS TO CONFERENCE
The Northern Ireland Medical Students Committee (NIMSC) is the regional forum for debating issues pertinent to the medical student body of Queen's University Belfast and Ulster University. NIMSC meets four times a year. The NIMSC continues to liaise closely with the Northern Ireland Junior Doctors Committee (NIJDC) and work on issues of commonality; in particular those which concern the Postgraduate Deanery and the Universities.

The NIMSC is empowered to consider, act and, where appropriate, to report to the Medical Students Committee, Northern Ireland Council, or both, on matters affecting medical students in Northern Ireland.

**Political situation**

Devolved government in Northern Ireland was restored on 3rd February 2024 after a 24-month hiatus. Robin Swann was appointed to the post of Health Minister.

**NIMSC priorities for 2024**

- Widening participation
- Student finance
- Student welfare
- Communication with our constituents

**Student events**

Student events continued both virtually and F2F, with some members of the committee taking part. Some key events that have taken place or are coming up included:

- QUB 1st year student virtual revision event
- UU 1st year student virtual revision event
- QUB 2nd year student virtual revision event
- UU 2nd year student virtual revision event
- QUB 3rd year student virtual revision event
- UU Freshers fair
- QUB Freshers fair
- Intercalating event for 2nd years QUB

Several student society events were also attended throughout the year.

**Residential accommodation on placement/travel contribution pilot scheme** — After several years of lobbying by NIMSC and the increasing demand for placement accommodation across all Trusts, the DoH NI introduced a pilot travel contribution scheme commencing in AY2022-23. Students are now given the option to choose whether they wish to avail of the Trust accommodation while on placement or would prefer to travel and receive the travel contribution. This has proven to be very well received by students, however NIMSC continues to argue that the rate of the travel contribution — £5/day — remains unsatisfactory. DoH confirmed that this rate will be reviewed on completion of the pilots. New for AY2023-24 was the travel option for practice-based placements >15miles and a limited travel option for sessional teaching > 15miles. This is a welcome addition to the scheme and something NIMSC has been pushing for, for many years! The T&F group continues to meet to review the progress of these pilots and discuss next steps.

**Widening participation** — The 2nd Widening Participation event in Northern Ireland was held on 5th October 2023. This was another successful event attended by approximately 90 school pupils from 13 different non-grammar schools. The updated NIMSC "Why haven't you thought about studying medicine?" booklet was shared with the attendees at the event. Feedback from attendees was very positive with requests for further events

**DoH Medical Student Management Group (MSMG)** — NIMSC chair continues to represent medical students at the MSMG. This group comprises of representatives from DoH NI, QUB, UU as well as sub-deans from each Trust and GPs. Issues discussed are over-arching and include curricula development & implementation, General Practice developments, management of Trust residential accommodation & travel schemes and SUMDE review updates.
**Student finance**—Finance continues to be a key priority area for NIMSC. The committee will be looking at a number of areas under this heading, such as:

- Developing a briefing for MLAs, now that Stormont has returned, to highlight the issues affecting medical students and outlining some key areas that need addressed urgently.
- Lobbying for improved financial support for NI graduates including access to a DOH NI bursary
- Appropriate reimbursement of travel expenses to all clinical placements

**Communication**—Communication with our constituents remains of paramount importance to us.

We communicate with medical students via the BMA Northern Ireland Twitter account which has over 2,600 followers, and more recently via the BMA NI Instagram account.

NIMSC also updates its members on key areas of its work in Northern Ireland through the committee newsletters which are shared on a regular basis.

**Orla Mullan**
Chair NIMSC 2023-24
The Scottish Medical Students Committee (SMSC) represents medical students at all Scottish medical schools – discussing and working to address a range of current issues. On the committee, we have two representatives from each medical school in Scotland (who are also the representative, and deputy representative on the UK-wide Medical Students Committee), additional reps for the ScotGEM programme and the elected medical student member of Scottish Council.

We work closely with UK, Wales, and Northern Ireland MSCs, as well as working across branches of practice with the wider BMA nationally and within BMA Scotland. The committee chair for the 2023–24 session is Vash Loffelmann from the University of Edinburgh, and the deputy chair is Aaron Fernandez from the University of Dundee.

Tackling issues that matter to medical students in Scotland
Throughout this session, we have been hard at work making sure we speak up for medical students in Scotland on the key issues that we face every day. From financial struggles with inadequate funding, made worse by the increasing need to travel for remote and rural placements, to the difficulties caused by the constantly changing landscape of post-graduate training, often implemented without appropriate consultation with students. Read on for more information about what we have been working on this year.

Student finance survey
In the 2022–23 session, we ran a successful finance survey that reached medical students across Scotland from a huge diversity of backgrounds and circumstances. We had responses from 340 medical students, and 94% of those who responded said that medical school had impacted their finances, and 70% reporting their current financial situation at university had impacted their mental health. The survey also highlighted that the majority of medical students are working part-time alongside their studies, which can in some years include over 40 hours of clinical placement per week alone, not to mention additional time needed for individual study and keeping on top of other course requirements. Altogether, these stark figures show the impact of the increasing financial pressures that medical students face, pressures that particularly impact students from widening participation backgrounds.

We have shared the worrying findings in meetings with representatives from the Scottish Government, NHS Education for Scotland, the GMC, and others - making sure that the increasing financial struggles of medical students and the resulting impact on mental health and wellbeing are not overlooked.

We have welcomed the recent announcement of a £2,400 increase to the annual support package provided to all Scotland-domiciled university students through SAAS in the form of a maintenance bursary and loan, starting with the 2024–25 academic year. However, this increase is coming after significant rises in the cost of living and is only one step on the path towards resolving the financial issues that medical students face day to day. We will keep advocating for further significant changes to make sure that all students receive the support they need to succeed while they are at medical school and beyond.

Placement travel expenses and accommodation standards
A longstanding priority for SMSC has been pushing for improvements in the way students are reimbursed for travel expenses incurred while attending placement outwith their main hospital site and advocating for improved standards of the accommodation that is offered for those on remote or rural clinical placements. All too common are cases where students are left out of pocket for expensive commutes to placement sites, they have been assigned to without having any say in the matter.

During this session, we focused on collecting up-to-date information from reps about the funding available at each school and the availability of accommodation for different placements. We are also collating data about the use of Additional Cost of Teaching (ACT) funds, provided to each health board in Scotland to facilitate the teaching of medical students. We will be analysing how these funds and other sources of funding are used to fund student accommodation or travel, contrasting this with the experiences of students who have placements in each health board.

SMSC will continue raising the issue of varied levels of support with travel costs and placement accommodation that are offered depending on what medical school the student attends and which health board their placement is. Our goal is to ensure that Scotland has a fair standardised system that provides adequate support with costs incurred by attending clinical placements for all medical students.
A return-of-service bursary for all medical students in Scotland

Another outcome from our financial survey last year was strong support for the idea of a bursary for medical students that would include a commitment to stay in Scotland after graduation and work here as a junior doctor. After further thorough discussions at our meetings, we have begun working on a formal proposal for this return-of-service bursary for all medical students who study in Scotland, modelled after the existing scheme for ScotGEM students. SMSC has raised this idea in meetings with representatives from the Scottish Government who are generally open to considering this idea, pending evaluation of how the existing ScotGEM works for the first few graduating cohorts. Our work in pushing for this change will likely continue in the upcoming sessions over the next few years.

Representing members with stakeholders

During this session, SMSC was also busy representing students at meetings with key stakeholders in medical education in Scotland. The chair of SMSC attended the GMC Scotland Education Roundtable in Edinburgh, giving a short talk sharing the dire findings from our financial survey. The roundtable also included a discussion about novel approaches to medical education and student financial support, including some recent pilot schemes with arrangements for clinical part-time work for medical students at several health boards. In response to this, the chair noted such schemes can be helpful for some students but would place an additional burden on students who otherwise do not get sufficient financial support and cautioned against such schemes replacing existing funding that medical students receive.

The SMSC chair also attended a bilateral meeting with the Scottish Cabinet Secretary for Health and Social Care and other Scottish Government representatives, alongside other BMA Scotland branch of practice chairs. This was a valuable opportunity to share the key issues of inadequate financing and travel expense funding with the government. While this meeting did not lead to any concrete commitments to changes, with the discussion largely underpinned by strong budgetary pressures across all departments of the Scottish Government, the government representatives were receptive to the issues medical students face and SMSC will continue to liaise with the government in Scotland in our ongoing work towards improving the financial support and educational experience for medical students.

The SMSC chair and deputy chair also met with Prof Weetman from the Scottish Medical Schools Board (SMSB), in a first such meeting since a breakdown in communication between SMSC and SMSB over the coronavirus pandemic. We discussed a range of issues, from the worsening financial situation for students, and our proposal for a return-of-service bursary, to plans for expansion in medical student numbers in Scotland. We came to a shared understanding about the pressures that current medical students face, and Prof Weetman was open to further discussions and working with SMSC towards improving medical education in Scotland. We also agreed that while the Scottish Government’s focus on widening access to medicine and increasing rural and remote placements is welcome, students (and importantly WP students) should not be left unsupported while they undertake placements far away from their residence. This meeting was also an opportunity to clarify that there is currently a pause in the expansion of Scottish medical student yearly intake, which is part of the programme for the current government — last year SMSC argued for a pause or slowing down of the rapid year or year increases to student numbers due to concerns about overcrowding and worsening access to clinical education on placements. Lastly, Prof Weetman shared information that there are no concrete plans for medical degree apprenticeships at present, as well as no current plans for expansion of PA programmes at any Scottish medical school (there is one existing Scottish PA studies programme at the University of Aberdeen). This was a productive meeting and successfully re-established contact between the SMSC and SMSB, and we hope to continue meeting regularly in future.

Working with the wider BMA

SMSC also works closely in collaboration with other branches of practice in Scotland, particularly the Scottish Junior Doctors Committee (SJDC), the Scottish Council and other committees such as the Medical academic staff committee (MASC). Throughout this session, SMSC has taken part in shaping the BMA national and BMA Scotland strategy on medical associate professions (MAPs), helping to make sure that student voices are heard in the debate and that students are aware of the new tools to report any issues with PAs and AAs directly to the BMA. We have also joined with MASC in our calls for full support of students with costs incurred by travelling to remote and rural placements, to ensure that no students are negatively affected by having to travel further away to receive training through their clinical placement.

Vash Loffelmann
Chair, SMSC 2023-24
The Welsh Medical Students Committee (WMSC) represents all medical students studying in Wales, working closely with UK, Northern Ireland and Scottish MSC committees, as well as Welsh Council and Welsh Junior Doctors Committee. WMSC is comprised of two student representatives from each academic year in Cardiff and Swansea medical schools, an intercalating representative, and a C21 North representative for Bangor University’s four-year graduate entry course.

This year WMSC has been working hard to ensure medical students’ voices are heard, and campaigning for positive changes in medical education in Wales. We meet four times a year to discuss key issues concerning students in Wales and national matters which affect our education, welfare, and financial situation. This year we have been working closer than ever with WJDC and Welsh Council, as we support the junior doctor’s campaign for full pay restoration and upcoming Consultant and SAS doctor’s strike action.

A brief summary of the highlights of WMSC’s work this year is outlined below:

**Medical Student intentions after graduation survey**
This year, WMSC produced and circulated a survey on medical student intentions after graduation. This survey intended to better understand the experiences of medical students in Wales and identify the factors that influence where students decide to work.

The survey results will be released in late March and are being used to help support the junior doctor’s campaign for full pay restoration in Wales and provide direction for our future work as a committee.

**NHS Bursary Campaign**
Continuing on our work from the last 2 years, WMSC has been campaigning for NHS bursary reform. In April 2023, members of WMSC met with Welsh Government officials to discuss the NHS Bursary for medical students in Wales, with the hope for a formal consultation to take place later in the year. Following this meeting we were pleased to see the removal of the reduced rate maintenance loan for NHS Bursary students, with effect from the 2024/25 academic year. These students will be able to access the full maintenance loan, regardless of grants and bursary amounts.

Sadly, the formal consultation for the NHS bursary reform has been put on hold by Welsh Government. However, as the new financial year approaches, we will once again write to Welsh Government to reopen this discussion and continue the successful impact we have seen so far. We plan to campaign for an increased amount available to students in a non-repayable bursary form, improvements to the travel reimbursement allowances, as well as elective placement reimbursements, as available to NHS England bursary students.

**Update to WMSC Standing orders**
In September 2024, Bangor University will begin to recruit and train medical students as a new North Wales Medical School. This rather excitingly means that Wales will be host to 3 medical schools, and such our committee standing orders have been amended to facilitate the integration of these medical students within our committee. Following discussion at the first two WMSC meetings, the new standing orders for the committee have been agreed for the next term. Each medical school will have one representative per year group, plus one intercalating representative.

**Staff-Student Engagement**
In the winter of 2023, the Chair and Deputy chair met with Professor Rhian Goodfellow and Professor Jamie Read of Cardiff Medical School, and separately with Professor Ffion Williams and Professor Kenny McKeegan of Swansea Medical School. These meetings take place twice a year to discuss our current work-plan, student concerns and continue our strong partnership with the medical schools. At this meeting we discussed the NHS bursary, travel expenses, introduction of the MLA, plans for increased medical student numbers and disability within the medical profession. These meetings help to bring clarity to much of our student concerns and allows medical schools to understand and support the work we are undertaking as a committee.
Other WMSC work
The committee held induction sessions with medical students about the work of the committee, to give them an opportunity to learn about the work of WMSC and its structures.

We held our annual medical student conference workshop in December 2023. WMSC representatives and medical students could attend to learn how conference works, hear firsthand experiences of medical student conference and workshop ideas for motions. Our workshop included information on how to write a motion as well as mock debates, to adequately prepare students for the medical student conference in April.

Communication
WMSC engages with student members not only through quarterly meetings, but also through our Facebook page, *BMA Wales Students*, Instagram, @bmacymru, and through BMA newsletters. If you would like to get involved with WMSC, feel free to contact the WMSC secretariat (dmaidment@bma.org.uk), or visit our Facebook page for more details of events and to find out details of your representatives at both Cardiff and Swansea medical schools.

Erin Flaherty
Chair, WMSC 2023-24
UKFPO – PIA, Preference Informed Allocation:
In late 2022, we lobbied UKFPO to set-up a stakeholder engagement exercise on proposed changes to the foundation programme allocation method. This meant that students could have their say in what would happen and their voices be heard. By the end of the stakeholder engagement in 2023, there were over 14,500 responses, predominantly medical students, with 66% agreeing with a move to Preference Informed Allocation (PIA), and the removal of the Situational Judgement Test (SJT) and Educational Performance Measure (EPM).

Following the announcement of this change, we wrote a joint letter with Medical Academics Staff Committee (MASC), outlining the BMA’s view on how PIA should be introduced alongside the idea that PIA should be a temporary measure while a better solution is sought. Unfortunately, many of these suggestions have not yet been implemented, but we continue to push UKFPO to recognise that the introduction of PIA should not be an end point.

With this academic year bringing the introduction of PIA, we are devoted to monitoring its impact on the student body, gathering feedback, exploring how feasible it is in its current format, and establishing where its pitfalls lie. Throughout this session we have remained eager to work with UKFPO to build a better and more transparent foundation allocation method, which is why it is imperative that we continued to gather feedback throughout the process with our surveys & MSC committee engagement. This allowed us to obtain crucial feedback on how students feel, what worked and what did not so we can improve how allocation is conducted in future.

UKFPO – SFP, Specialist Foundation Programme:
In 2023, we wrote a letter in response to the stakeholder engagement exercise to UKFPO where we stated that while the move to PIA was a viable and temporary solution, we made it clear that we also believe that the Specialised Foundation Programme (SFP) should remain as its own separate process. The health bodies of the four nations: England, Northern Ireland, Scotland and in Wales (where this was already the case) have made the decision to move SFP into PIA for FP 2025. This decision was made with no student or public consultation and goes against the position of the BMA, the wider student body, MASC and of many other independent medical academics who have come forward voicing public concern about this decision. We have written to each of the health bodies, outlining why we believe this decision to be detrimental and urging them to reconsider. We remain firm in our belief that this decision does not benefit students nor the growth or preservation of medical academia and will continue to lobby for this change to be reversed.

Medical Doctor Degree Apprenticeships (MDDAs)
This session, an MSC motion was adopted by UK council which instructed the BMA’s pan-association Education & Training Advisory Group to lead on the issue of medical degree apprenticeships. The group now holds dedicated meetings on the issue with representation from across the association, including MSC. We have also ensured strong MSC representation in the association’s engagement with NHS England and the 3 apprenticeship pilot sites. We have significant concerns about these programmes, including financial unfairness to ‘traditional’ medical degrees, doubts about the scheme’s benefit towards Widening Participation (WP) and that the rushed nature of these degrees that may have impacts on current students at placement/medical school. We are continuing to work with the other BMA, committees and specifically medical academics, to raise these concerns more widely.
Educational Policy work & GMC Outcomes for Graduates:
In our work to further create meaningful change with the growing number of educational policies within BMA that are relevant to medical students, we have been addressing the growing number of motions and past policies calling for changes to the medical curriculum or the Outcomes for Graduate (OfG) framework.

We have met with the General Medical Council (GMC) to inform them of our work and will seek to input their upcoming review of OfG. We have also explored other ways to raise the democratically agreed policies from conference, Annual Representative Meeting (ARM) & elsewhere to create curriculum change at your medical schools. This will allow us to lobby for more modern and student-focused medical curricula directly using your motions and votes. We have been working on this with a group of MSC reps as an MSC education sub-committee. We thank them for their help in this and hope to give an update on this work soon.

Additional updates include the continuing monitoring and support of raising student voice into the UK Medical Licencing Assessment (UKMLA) to ensure a smooth transition of this in 2025, and working with the British Pharmacological Society on the PSA (Prescribing Safety Assessment) to create changes after the independent review of the PSA was released in 2023 with input from BMA.

Robert Tucker and Luke Stephenson-Heskey
Deputy co-chairs for Education – 2023-24
Introduction
Studying medicine should not just be about learning to care of others, but also focusing on looking after ourselves. It has never been more important to consider our wellbeing in this post-COVID climate of understaffing and overworking.

We understand that medical school can be an incredibly challenging and stressful time for many students. We should feel supported and encouraged to make the most of the unique experiences we are given. Instead, we are often disregarded, demeaned and discounted. Do not forget there is the availability of 24/7 free and confidential wellbeing counselling and peer support from the BMA: https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-services.

Within the welfare portfolio, I work to improve conditions for medical students across the UK. I engage with Medical Student Committee (MSC) representatives regarding welfare issues at their local medical schools alongside wider work with stakeholders listed below. Most achievements in furthering welfare provisions are not made by national lobbying, but by grassroot ground up initiatives by students at medical school. Therefore, I would encourage you to get involved with these and push for change you deserve.

Medical student mental health and wellbeing

Medical student wellbeing checklist
The wellbeing checklist was devised in 2021 in response to declines in student mental health and wellbeing alongside variable levels of support for students across different medical schools. The checklist aims to identify discrepancies in welfare provisions across medical schools in the UK and identify those which are providing the most and least support. It is also meant to act as guidance to medical schools as to what measures they should be providing to best support their students. In mid-March 2024 we paused accepting responses to begin analysis of the 525 responses we had received. A full report will be released shortly but I would like to highlight some key statistics here:

- Only 12% of students agree that their medical school ensures there are affordable and accessible parking spaces around the university.
- Only 21% of students agree that their medical school ensures final year feel adequately supported and prepared for the transition to FY1; of which the majority of students were from the University of Liverpool or University of Newcastle.
- Only 38% of students agree that their medical school ensures students are aware of the university support available for student’s Specific Learning Difficulties (SpLDs) and Attention Deficit Hyperactivity Disorder (ADHD).
- Only 30% of students agree their medical school incorporates an agreed period of designated protected study time per week into the student timetable.

These are only some of the appalling figures which demonstrate the considerable lack of welfare provisions for medical students across the UK. It highlights that a lot of welfare support supposedly provided is performative and unsatisfactory. Following the report, we shall work with both the medical schools council and medical schools directly, to consider the next steps in responding to these results to equalise welfare support.

LGBTQIA+ issues
It came to light that 37 out of 44 medical schools are currently signed up to the GLADD (Gay and Lesbian Association of Doctors and Dentists) LGBTQIA+ ‘Conversion Therapy’ charter. We met with Duncan McGregor, ex co-chair and member of the GLADD advisory group to consider how we can best encourage medical schools to sign up to the charter. We have begun discussions with the remaining 7 medical schools regarding this, facilitating reps to meet with their EDI staff and deans to encourage them to sign this. 4 of these reps have commenced this process with promising developments.
Tackling sexual and gender-based violence (SGBV) in the UK Medical Education
I have engaged in discussions within this working group surrounding SGBV and sexism. Despite being a relatively new working group, they have clear aims of what they hope to achieve. They are currently in the process of surveying medical schools on their current level of SGBV education alongside developing guidelines for teaching it. I have provided ideas on how to best engage students with this topic, relevant for their creation of teaching resources. If you are interested in being involved in the work of this working group, do not hesitate to contact me.

Sincere thanks
My sincere thanks to the executive committee and MSC who work relentlessly to fulfil expectations and elicit meaningful progress for all medical students. Similarly, thank you to the secretariat who facilitate it. Just as importantly, thank you, all the members and conference delegates who are engaging with the BMA. As a collective we are fighting adversity step by step, student by student.

We have made progress already, but there is so much to still be done. If you are interested in engaging with the welfare portfolio, have any ideas or concerns or feedback then please do get in touch with me at rbansal@bma.org.uk. I am excited to see the delegates and welfare motions at conference.

Best wishes,

Ria Bansal
MSC Deputy Chair (Welfare) 2023-2024
Introduction

Widening participation (WP) is the idea of actively providing fair access to opportunities in medicine for those who may experience disadvantage. As a concept, WP should be considered in an intersectional fashion, with broad consideration of multiple factors making someone WP. Within medicine, the main areas that WP has been considered are (1) before medical school, and at the point of medical admission, (2) during medical school, and (3) after medical school. The bulk of work nationally (both by the BMA and external stakeholders) has been focused on improving access to medicine at the point of medical admission. However, the focus of WP is beginning to shift to improve access and participation in activities and opportunities during and after medical school. The function of the BMA MSC within WP nationally is to lobby and work with external stakeholders to promote the WP agenda, as well as provide guidance for WP applicants, students and doctors on how they can overcome barriers they face.

Defining WP in order to update BMA guidance for WP students

Defining the meaning of “Widening Participation” and further defining the inclusion criteria has been a pertinent focus for the earliest part of this BMA session. Following on from work from predecessors and the Equality, Inclusion and Culture team, a definition for WP was published on our website.

The WP definition as it stands is:

Widening participation in medicine refers to the efforts and initiatives designed to ensure that individuals from underrepresented or disadvantaged groups are supported to pursue a career in medicine. These initiatives include the use of specific admissions policies, financial support, outreach and engagement, and mentorship and support.

Widening participation groups include:
- Students from lower socio-economic backgrounds
- Students from non-academically selective state schools
- Disabled students/students with an Education, Health, and Care (EHC) plan
- Looked After Children
- Students who are estranged from their families
- Some ethnic minority students (in certain geographical areas)
- Students with caring responsibilities

The more specific inclusion criteria are still in the process of being defined. However, it is hoped that having a robustly described pan-BMA position on what being WP means to the BMA will open an avenue for developing a consensus on WP across multiple organisations and stakeholders.

Improving Access to Medicine for WP students

The more resources available to WP students the better, therefore I have reached out to multiple medical and social mobility charities regarding entering into a partnership with the BMA. At present I am engaged with a few of these charities, and we are each setting out a memorandum of understanding regarding these collaborations. The end goal is more nuanced help, more resources, and importantly a centralisation of information for these resources.

The convergence of social mobility charities and local incentives and schemes, which engagement on a local level has helped to shape, will allow for a dynamic and informative resource for all those who need it. It will also be interactive and allow better crossover between students and those in a position to help.

Medic Parents/Planning a Family

A potentially underrepresented area of the BMA is that regarding the voices of medic parents, or medics who are planning to start a family. I have designed a questionnaire that is currently circulating for all relevant medical student committee representatives which aims to identify some of the key issues being faced. The questions aim to cover as wide-ranging an area as they can. Once identified, it is hoped that policy can be set in place to help tackle any issues, systemic or local, that are uncovered. These can then be taken forward and allow a more active voice of these students by proxy in future years.
University Core Bursaries not being honoured in clinical years (years when student receives NHS Bursary).

WP is inherently intersectional, and the issue of core bursaries underlines this. There has been success at certain universities in overturning the policy of core bursaries not being available to those in receipt of the NHS Bursary, success which I am eager to replicate on a national scale. A great example of this being done was at Nottingham, where a letter was sent to university officials and resulting in a backtrack of policy. Inspired by this, a template letter is almost at completion, ready to be sent out to those medical schools who still implement this ban. With one financial burden firmly dealt with, it allows WP students space to focus on achievement and studies. It also may help (but definitely not solve) with the differential attainment of WP medical students at university by not forcing them to undertake extra employment to afford ever-rising living costs.

Graduate Entry Medicine

Access to graduate entry medicine programmes is expensive, particularly at those universities that use GAMSAT. The plan is for a blog/article to be posted about the expenses and process of sitting the entrance exams, and start a wider conversation with other committees about what the rationale is for using such an expensive test, particularly when the majority of those that sit it will be unsuccessful in attaining a medical school place.

With sincere thanks

I would like to take the time to thank all of MSC, representatives and exec, plus the ever-present support of secretariat, for engaging in this session. It’s been a pleasure to work with such a passionate group of people who are eager to make change. I am always happy to answer any questions, and you can get in touch via IShaw@bma.org.uk.

Imogen Shaw
MSC Deputy Chair (Widening Participation) 2023-2024.
Increased financial support for medical students is needed now more than ever given the cost of living crisis, 12 years of real-terms erosion of the value of the NHS Bursary and increasing proportion of medical students who need part-time work to afford the basic living cost. Medical students are accruing debts in excess of £100 000 before starting to work as a doctor. In the shadow of industrial action across various branches of practice, it is now time for the reform of financial support for medical students to help tackle the retention crisis currently facing the NHS and ensure that no medical is forced out of their degree, because they cannot afford it.

As such, the finance portfolio this year has focused on initiating campaigns which can lead to long-term reformation of financial support for medical students. This work looks to increase student awareness and engagement with the issues, increase parity between all UK medical schools and lobby MPs to drive change.

**NHS Bursary Reform & Write to Your MP Tool**

The value of the NHS Bursary has not been altered since 2012, leading to a real-terms erosion of more than 27% and is no longer fit for purpose. It is our belief that a complete reform is required to ensure a financial support model fit for future medical students. Due to the complexity of medical student finance, achieving a reformed financial model is unlikely to be completed during this session, therefore we aim to lay strong foundations to ensure that our successors are in the best place to do so.

In order to achieve impactful, long-term change to the NHS Bursary, we feel that a comprehensive lobbying campaign is required. In November 2023, we released the ‘Write to Your MP Tool’ on the BMA website. This allows members to send an email quickly and easily to their local MP, highlighting the key financial challenges faced by medical students generally and lobbying for change. So far, this tool has been used by over 300 medical students and we hope that an upcoming social media campaign can increase this into the thousands. This campaign aims to both increase student awareness of the issues and put pressure on MPs local to medical schools. The next steps of this campaign will involve engaging with the government and NHS Business Services Authority (NHSBSA), initially to commit to a review of the bursary and subsequently fighting for the required change.

As part of our ongoing work a working group consisting of elected members of the Medical Student Committee has been formed to assist us with our work in this session, and to assist with the dissemination of information to the wider committee and student body.

In addition to this, work has been undertaken to identify the historical precedents for current bursary values, and their calculations for means-tested awards. This is crucial information to obtain as other healthcare students receive financially superior NHS bursaries. As this information is not available in the public domain, Freedom of Information requests are being submitted to the relevant bodies.

**Financial Support Provided by Medical Schools**

There is a huge discrepancy in the bursaries, scholarships and other support provided by each medical school. This includes many ‘hidden costs’ for medical students, such as paying for compulsory items including scrubs and stethoscope. There is also a large disparity between the funding provided for travel to placement, which in itself understandably varies between universities. We are conducting a review to gather data on the financial support offered by each university and by analysing both qualitative and quantitative data, our objective is to identify universities that are currently falling short in providing financial assistance to medical students, as well as showcasing exemplary practices from institutions that offer substantial support. Engagement with the Medical Students’ Council (tMSC) will be instrumental in directly communicating these concerns to universities and advocating for necessary reforms.

**Student Finance Guide**

This session, we have worked and updated the, the BMA’s Medical Student Finance Guide on the website. Following the work of our predecessor to put most of the guide together, this guide provides information for students in all four nations of the UK. Alongside working for future change, it is important that we support medical students now in understanding what financial support is currently available and encourage with any loans, grants and scholarships. We aim to expand this guide, to include information from the data gathered on support within medical schools.

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James Brawn and Christian Oldfield
Deputy co-chairs for finance – 2023-24
**Introduction**

Elected as medical students without portfolio, we took on the role of reforming how we communicate with our members and supporting local and national engagement with the BMA.

The BMA is only as strong as its members, and only as effective as its reps and active members. A core part of our strategy is to help medical students understand what the BMA is doing for them locally and nationally, and empowering them to get involved and create change.

**@BMA.students on Instagram**

It was agreed that the MSC needed a better way to communicate with medical students that was separate, but complementary to the work the BMA does for the wider medical workforce. Determined to do better, we created a national MSC Instagram (@bma.students) and have fed into wider BMA conversations in reviewing its comms (for example, advocating for a BMA TikTok).

We set up a small team of BMA reps who have helped to contribute by creating content (for which we are incredibly grateful) and worked with a range of different BMA staff including the communications, creative services, and multi-media teams to create both pre-planned and reactive content. Initially starting with regular posts, we are now branching out into reels and videos – to find better ways to talk and update our members. There is a lot of change that can be made by harnessing the power of social media, but there is a lot that the BMA has done for medical students that they do not even know about, and it is our aim to highlight this work going forward.

The account has been an enormous success, with over 40,000 accounts reached since its creation, and many of our posts have allowed us to set the debate and the way in which student matters are discussed.

**BMA medical students’ sub-brand and identity**

We have started creating an informal sub-brand for medical student matters within the BMA. Similar to how the colour orange has become synonymous with Industrial Action, we are using the BMA pinks and purples to frame our content. We have also started creating a specific tone of voice for medical student communications. We are a unique and vastly different branch of practice to the rest of the BMA and believe it is important that we use that in our online and in-print content.

**Supporting Local Reps**

Due to BMA restructuring, we lost the Members Relations Liaison Group (MRLG) subcommittee and have therefore taken on some of that’s subcommittee’s work. Next session, there will be an elected member of the MSC responsible for this position, who will collaborate with the reps without portfolio to support local action.

We have investigated alternative committee structures and fed into the BMA’s wider review into regional representation. We have also been working to create ways to better support our current reps and empower medical students to create change locally. We have devised a workshop that you will take part in during conference that hopefully can be lengthened and improved going forward. We are putting the final changes to a local social media guide to help support your reps with their online presence.

We have also supported local reps when specific incidents/events happening locally including support for our incredible Manchester reps, to organise over 100 students to march from Manchester medical school at the national BMA Pay Rally outside Conservative Party Conference and join over 1,000 junior doctors and consultants.

**What’s next?**

Our primary focus is ensuring that the student’s Instagram remains in good hands. As the Instagram is run by MSC reps it therefore needs dedicated students to help keep it running. We are also laying the groundwork for better support for your local reps, to provide them with more tools and training that they can use to fight for you locally. We also want to introduce a better welfare support system to identifying struggling reps and support them more successfully.

We want to build a modern MSC that fights for medical students, and we are always looking for students to get involved locally and nationally. If you have ideas, concerns, or feedback to share, please do get in touch at info.students@bma.org.uk or have a chat with us. We would also encourage all of you to nominate
yourselves and vote in the representative elections, which are open from Tuesday 2 April until Thursday 2 May; to represent medical students at BMA’s annual representative meeting (ARM); and/or remain active locally.

**On the day**
We will be recording videos for the @BMA.students Instagram account during the conference and we urge you to take part, speak to us, and help us produce meaningful videos that make an impact. We are interested in your thoughts, opinions, and experiences as medical students and your help is appreciated!

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MSC Exec 2023-24 (International Medical Students & Social Media)  
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### Acronyms commonly used in the BMA

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASME</td>
<td>Association for the Study of Medical Education</td>
</tr>
<tr>
<td>BDA</td>
<td>British Dental Association</td>
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<tr>
<td>BIS</td>
<td>Department for Business, Innovation and Skills</td>
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<tr>
<td>BMAS</td>
<td>BMA Services Limited</td>
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<tr>
<td>BME</td>
<td>BMA board of medical education</td>
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<tr>
<td>BoP</td>
<td>Branch of practice</td>
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<tr>
<td>CC</td>
<td>BMA consultants committee</td>
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<tr>
<td>CCT</td>
<td>Certificate of Completion of Training (NHS)</td>
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<tr>
<td>CMF</td>
<td>Christian Medical Fellowship</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer, Department of Health</td>
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<tr>
<td>COPMeD</td>
<td>Conference of Postgraduate Medical Deans</td>
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<tr>
<td>DORB</td>
<td>Review Body on Doctors’ and Dentists’ Remuneration</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<tr>
<td>EA</td>
<td>Employment adviser (BMA local offices)</td>
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<td>EO</td>
<td>Executive officer (BMA national offices)</td>
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<tr>
<td>EIC</td>
<td>Equality, inclusion and culture team</td>
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<tr>
<td>EMSA</td>
<td>European Medical Students Association</td>
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<tr>
<td>EPM</td>
<td>Educational Performance Measure</td>
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<tr>
<td>EWTD</td>
<td>European Working Time Directive F1/F2 (FY1/FY2) Foundation Year 1/2</td>
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<tr>
<td>GMC</td>
<td>General Medical Council</td>
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<tr>
<td>GPC</td>
<td>BMA general practitioners committee</td>
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<tr>
<td>HEE</td>
<td>Health Education England</td>
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<tr>
<td>HEFCE</td>
<td>Higher Education Funding Council for England</td>
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<tr>
<td>HPERU</td>
<td>Health Policy and Economic Research Unit (BMA)</td>
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<tr>
<td>IFMSA</td>
<td>International Federation of Medical Students Association</td>
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<td>IRO</td>
<td>Industrial relations officer (BMA local offices)</td>
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<td>ISFP</td>
<td>Improving Selection to the Foundation Programme</td>
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<td>JDC</td>
<td>BMA junior doctors committee</td>
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<td>JMF</td>
<td>BMA junior members forum</td>
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<tr>
<td>JNC(J)</td>
<td>Joint Negotiating Committee (Juniors) (BMA and NHS Employers)</td>
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<tr>
<td>LETB</td>
<td>Local Education and Training Board</td>
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<tr>
<td>MASC</td>
<td>BMA medical academic staff committee</td>
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<tr>
<td>MDU</td>
<td>Medical Defence Union</td>
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<td>Medsin</td>
<td>Medical Students International</td>
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<td>MPS</td>
<td>Medical Protection Society</td>
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<tr>
<td>MMC</td>
<td>Modernising Medical Careers (Department of Health initiative from 2005)</td>
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<tr>
<td>MSC</td>
<td>BMA medical students committee</td>
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<tr>
<td>MTAS</td>
<td>Medical Training Application Service (a failed initiative, implemented for one year 2007)</td>
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<tr>
<td>NHSE</td>
<td>NHS Employers</td>
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<tr>
<td>NHS:MEE</td>
<td>NHS Medical Education England (now superseded by HEE)</td>
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<tr>
<td>PSA</td>
<td>Prescribing Safety Assessment</td>
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<tr>
<td>PHMC</td>
<td>Public health medicine committee (BMA)</td>
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<tr>
<td>SASC</td>
<td>BMA Staff associate specialists and specialty doctors committee</td>
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<td>SJT</td>
<td>Situational Judgement Test</td>
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<tr>
<td>SLC</td>
<td>Student Loans Company</td>
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<tr>
<td>tMSC</td>
<td>The Medical Schools Council</td>
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<tr>
<td>UKFPO</td>
<td>UK Foundation Programme Office</td>
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#MEDstudentconf