

BMA Impact report to members 2023-24

BMA Chief Officers
June 2024



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Dear colleagues,

For many years doctors have been saying that the BMA needs to transform: to address the lack of diversity in our representative structures and so we are a better, stronger and more effective trade union for doctors across the UK. Fundamentally, we need to transform our BMA from an organisation that simply provides a service to one that organises in your workplace.

As we hit the halfway point of this 4-year UK Council term, it is important for us to summarise what we have done so far to benefit our now more than 193,000 members, almost 40,000 more than at the start of this Council term. The changes we are making are inter-linked, so this is also about trying to give you – our BMA members – the ‘big picture’.

The BMA is unique because it is 1) a professional association that is 192 years old, 2) a trade union that is much younger, and 3) the parent company of a Group whose subsidiaries’ dividends help us meet the costs of running our professional association and trade union functions. **It is your BMA, and you are the BMA.**

You elected us to galvanise our trade union function so that we are both a respected and credible voice on professional issues and the strongest trade union in the country. To do this, we began with a three-year plan for Council to transform the BMA. This is the first comprehensive strategy both created and approved by Council. It's dynamic and evolving, but illustrates the interdependencies, complexities and our need to see the BMA as a whole. We have then aligned this political strategy with the operational strategy of the BMA's senior management team, unifying the priorities of members and staff in their stewardship of the present and future British Medical Association.



Where next depends on you

We knew it would be tough, that difficult decisions would need to be made and that Council would need to be more focussed than ever before on your priorities. We could not carry on with over 130 committees without co-ordination of aims, objectives and resources, or with the adverse financial position. There have been choices to make- what to do, what to spend, and when. The Council you elected has been directly involved in making sure we keep the long term aims to grow and transform the BMA for the next 200 years, and future generations of doctors.

The industrial disputes across all 4 nations have been historic, in some cases never seen before, and certainly represent the largest set of industrial actions that our association has ever mounted. Industrial action is of course driven towards securing better pay, terms and conditions for our members, and has been led emphatically by branch of practice leaders and their respective teams. They, along with our staff, have shown huge commitment and endeavour to walk the hard yards and negotiate with determination. Hundreds of millions in funding have been secured through your BMA negotiators for Consultants and SAS doctors in England, junior doctors in Scotland and we await the outcome of the votes on multi-million-pound secondary care deals in Wales.

We established the BMA strike fund, which will be with us now for all time, supporting all members struggling to take the action necessary. An additional impact of our national disputes is the sense that, across the country, from members and the public to politicians, employers and regulators, the BMA is no longer the sleeping giant. Doctors are now better able to stand up for themselves.

Aiming to achieve full pay restoration has galvanised our national dispute and negotiating capabilities, but every day doctors experience terrible employers, are overworked, and are burdened by the stress of working in a system close to collapse. It is not good enough to allow a decline in pay, terms and conditions because the wider system is in free fall. It is our job as representatives to stand up to that. The voice of doctors has been strengthened, but this is just the tip of the iceberg of what we need to change to re-establish the professional voice of the medical profession.

Thus, there are four major parts to our strategy:

1. membership density growth –focussing on increasing the proportion of doctors who are members by empowering members to act collectively
2. representing the profession – ensuring members are well represented nationally, locally and individually
3. external influencing – leading the debate on behalf of our profession on the issues that matter most
4. running the BMA - building an effective, sustainable professional association and trade union, with a supportive culture for members and staff alike.

We want to briefly explain these and how each contributes to the overarching vision of the BMA as a credible professional voice and an indomitable trade union. You can find detailed progress in each area in the [BMA Impact Report 2023/24](#).

[Membership density](#)

Our membership has risen sharply over the last two years driven primarily by the industrial action we have taken. To develop as a trade union, we must maintain and grow from these historically high levels of membership through our ability to organise locally. In 2022, the ARM passed policy that asked the BMA to develop a new proposal for how we can achieve this, chiefly recognising the high proportion of

inactive and dormant divisions. There are several groups of doctors not- or under – represented currently and anomalies with regional councils not having defined seat allocations to elect reps to the policy making body at the ARM. Thousands responded to the wide consultation on proposals between June 2023 and January 2024 (a full briefing is provided [here](#)). Proposals include new structures for all doctors and students in all nations and regions and will bring the BMA into your workplace like never before. If supported by the Representative Body, they help us achieve that aim of being an even more powerful trade union.

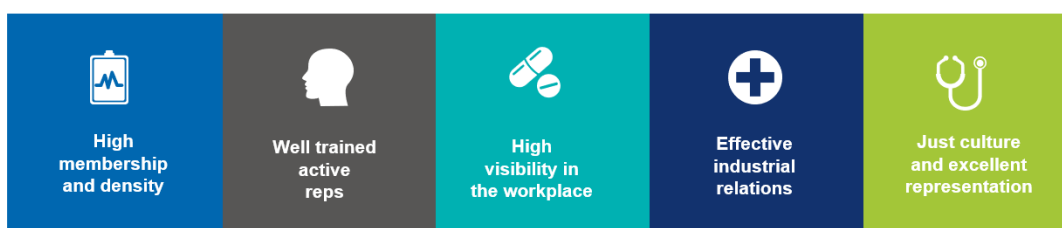
We have introduced a free year of membership for new IMGs, who are unlikely to be members, and we have timed offers to encourage GPs to join during the contract campaign.

We want as many medical students and doctors as possible to be members of the BMA and have been working hard to ensure that the BMA is relevant to more of you at a national, local and individual level. As we grow, we grow stronger and more able to deliver the priorities set by members nationally, internationally – and locally in workplaces.

Representing our members

We are determined to act upon the concerns of our profession to achieve the best possible outcomes, both individually and collectively, as a strong trade union. Earlier this year we brought our First Point of Contact services ‘in house’, as a core part of the BMA. This will help align it much better to our strategic objectives and provide more integrated support to members and reps, while contributing to better recognition of local issues and patterns that the BMA must act upon. We have made extensive changes to our member relations services in England, which now better align with devolved nation set ups. Now restructured, this allows our Industrial Relations Officers and other staff to quickly see patterns of poor behaviour or policies from employers so we can better act on behalf of members earlier, and collectively. This is part of our wider ‘5 Pillars Strategy’: increasing local capacity to campaign and organise, promote activism and support reps to do more and be more visible, develop a local collective bargaining strategy to address the underlying system level problems which create lots of our casework, strengthen local recruitment and retention to maximise our strength as a union and create more effective links between the centre and the front line.

Effective trade unions have:



We are acutely aware that there is still much more to do – a major reason for undertaking such a major transformation of the BMA is feedback over several years from internal and external reports that the BMA must become more diverse, inclusive and representative as it meets its aims to be the professional association and trade union for all doctors and medical students across the whole UK wherever you have come from, whoever you are – present, future and past.

External Influencing

Our professional credibility as a trade union is underpinned by our expertise and an acknowledgment that the BMA is a scientific and professional body that counts. We are dedicated to being the leading voice of our profession on the issues that matter most to our members. We use our influence to maintain the honour and interests of the medical profession, improve global healthcare policy and ensure the right environment in which high quality healthcare can be delivered to patients across the UK.

Your BMA has published the first national guidance for the role and responsibilities of Medical Associate Professionals (MAPs), setting out clear parameters to distinguish them from doctors. We have also developed guidance for the supervision of MAPs to maintain the provision of high-quality patient care in the NHS.

We have contributed as core participants to the Covid Inquiries in all four nations to ensure that doctors' experiences during the pandemic are heard and learnt from.

As the most diverse and inclusive leadership team ever, we have taken action against sexism, racism, bullying, and harassment, both within the BMA and in the wider workplace.

In 2022, the Council of the WMA passed our resolution condemning the human rights violations against the Uyghur people in China, and we were successful in passing our resolution calling for a ceasefire in Israel and Gaza at the last WMA Council meeting in Seoul. We continue to examine key global health challenges and advocate for the highest standards of human rights in healthcare, both for clinicians and patients.

Running the BMA

This Council inherited an adverse financial position aggravated by the pandemic and inflationary costs for which a financial recovery plan had been started. In simple terms, it costs more to run the BMA than we make from membership income. However, we have prioritised industrial action, borrowed from reserves (and repaid them) and made some tough decisions which have kept us on track with our recovery plan, while still making the changes needed to take a thriving membership organisation into its future.

We want the BMA to be there for its members and staff for years to come, so we are working hard to build a sustainable organisation with a supportive culture that is fit for the future. We are determined to restore the finances of the Association to return to break even by end of 2026. This will then allow us to invest dividend income from group companies back into member priorities (see the Treasurer's report here- password kexu8nPq4SQo).

Sequential councils committed to the implementation of the Romney report – our diversity and inclusion matter because we have got it wrong in the past. All staff and members are the BMA, of equal value.

Transparency and reporting across the association is not only better, but aligned to strategy, with activity reports provided to Council and Devolved and Regional Councils for oversight. Council continues to roll out publication of minutes and voting records for members to see, increasing the accountability of our

principal executive committee; most Council papers can be circulated to Branch of Practice, Devolved Nation or Regional Councils so that Council representatives can canvass opinion and share information.

Finally

You will see how artificial it can be to categorise the strategy and priorities into headings as they clearly overlap and are interdependent – so much of making the BMA a success depends on cross working between committees, regions and nations, between members and staff, and between different bits of the complex organisation that makes up the BMA we have today. We – you – are making the BMA of tomorrow effective and delivering with its members. The BMA is its members, and you are at the heart of the BMA Strategy, which has been co-created in partnership with BMA elected members and staff.

We'd like to hear your feedback on anything you've read in this report, and/or what you'd like to see feature in the strategy in the future.

Best wishes from your chief officer team:

Phil, Emma, Trevor and Latifa.



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