



## A guide for **BMA** elected members



# Welcome

Please accept our congratulations and welcome on being elected or re-elected as a committee member. We hope you find this guide a useful introduction and reference.

The guide contains overarching information about the BMA, across all four nations in the UK, highlighting the work that we do, as well as the standard information relevant to all elected members across the BMA. All the information contained within guide is also available online at:

[bma.org.uk/what-we-do/get-involved](https://bma.org.uk/what-we-do/get-involved)

We want every member to feel able to contribute, knowing that their points of view will be valued, and differences of opinion will be respected. Our Code of Conduct provides guidance on the [standards of behaviour](#) expected of members and the values that underpin the work that we do.

As an elected member, you could be involved:

- in contract negotiations
- influencing BMA policymaking
- representing your specialty
- helping to make doctors' voices heard and working lives better
- developing your own medico-political and leadership skills.

Reflecting the views of your colleagues, raising the profile of your specialty and influencing the direction of the profession are hugely rewarding, which is why many members seek office. As a committee member, you can access a varied range of training and programmes designed to give you the right skills and knowledge

We are committed to ensuring you are effectively supported in your work as a representative of your colleagues, peers and the BMA. We have various training and support programmes, such as the [BMA leadership programmes part 1 and 2](#) to support your development in a medico-political environment. We also have [online EDI modules](#) on topics including unconscious bias, challenging behaviour, and inclusive leadership.

Elected female members are invited to join the BMA network of elected women (NEW), which has been set up to help champions and strengthen female leadership within the Association.

If you would like any further information about our training and support, please get in touch with the corporate EDI (equality, diversity and inclusion) team, at [corporate.edi@bma.org.uk](mailto:corporate.edi@bma.org.uk).

We hope you find the pack useful – if you have any feedback or comments on how we can improve it, please don't hesitate to get in touch at [committeesupport@bma.org.uk](mailto:committeesupport@bma.org.uk)

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# About us

[The BMA \(British Medical Association\)](#) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK.

We are the leading voice advocating for outstanding healthcare and a healthy population. An association providing members with excellent individual services and support throughout their lives.

Since our inception, we have been closely involved in social reform and successfully lobbied to bring about legislation to improve the health of the public. Our policies cover public health, medical ethics, science, the design and delivery of healthcare services, medical education, and doctors' terms and conditions of service and doctors' wellbeing. We offer a wide range of services to members through our national and regional presence, helping doctors through all stages of their careers – from medical school to retirement – and helping them to navigate cultural shifts, technological advancements and economic pressures.

Members are at the heart of the association and our elected members, supported by expert staff, play an important part in all our work. As an elected representative – whether you are a council or committee member or perform other functions, you play a vital role in representing doctors' interests and ensuring their voices are heard, nationally, locally and in the workplace. We aim to ensure you are effectively supported in the work you do as a representative of your colleagues, peers and the BMA.

Information about the BMA, divisions, regional councils and national committees can be found on the website under BMA governance and in the BMA constitution and memorandum of understanding as below. The BMA governance and committee structure information can be seen at appendices 1 & 2.

[BMA governance](#)

[BMA leadership](#)

[BMA constitution](#)

[Memorandum of understanding](#)

# BMA values and policies

## BMA Code of Conduct

Our [Code of Conduct](#) gives guidance on expected behaviour and sets out the standards of conduct that support our values. The BMA welcomes open debate and free exchange of ideas. We are committed to creating a culture that is inclusive of all members. We want every member to feel able to contribute, knowing their points of view will be valued and differences of opinion will be respected. We need to build a sustainable future for the BMA; we want to attract and retain members who reflect and represent our membership.

We are a trade union governed by company law and trade union law. Our code applies to all members of the BMA and every member is bound by this Code of Conduct when conducting BMA business. Members must conduct themselves so as to promote the success of the BMA and maintain the individual and collective reputation of the association and its members.

As well as defining expected principles of behaviour, BMA policies and guidance inform how we do things, outline expectations and describe processes and procedures that must be followed. The code brings together all existing BMA policies and guidance that apply to our members and are important for you to be aware of. See links below for full details.



- [Conflicts of interest policy](#)
- [Confidentiality policy](#)
- [Email guidelines](#)
- [Acceptable use policy](#)
- [Technology T&Cs and GDPR](#)
- [Privacy policy](#)
- [Policy on social media and media appearances](#)
- [WhatsApp guidance](#)
- [Wellbeing services](#)
- [Anti-bribery & corruption](#)
- [Equality, diversity and inclusion](#)
- [Trademark policy](#)

## Other key policies

- [Promoting a positive working environment](#)
- [Whistleblowing/raising a concern](#)



## Support and training

Inclusion and fairness are at the heart of the work of the BMA. We want to ensure that we are fully accessible to all and that we remove barriers to participation in BMA activities. If you have any accessibility needs or any support requirements, please get in touch with the secretariat, who can provide support and assistance in making any necessary adjustments.

### Role of the committee secretariat

Committee secretaries, heads of committee secretariat and senior policy advisors work directly with the committees and their chairs, providing high-level support, maintaining an overview of the committee's work and taking forward policy work not covered elsewhere.

The support you receive from your committee secretariat may include the following:

- helping you develop your work plans, working with policy colleagues to ensure these plans fit with BMA policy priorities, ensuring the committee works within the association's articles, by-laws and standing orders
- commissioning work to support those priorities, liaising with policy advisers, researchers, communications colleagues and other directorates as appropriate, to ensure the committee's views are incorporated into policy development and communicated to members and other stakeholders as appropriate
- making sure you have the opportunity to contribute to policy development and are accountable for representing the committee's views on all relevant issues (policy, implementation, guidance, negotiations) across the directorate
- contributing to the development of committee newsletters and other communications with members
- overseeing support for committee meetings, conferences and awaydays, preparing for meetings and making sure they are effective, run smoothly and that agreed actions are progressed, and resolving conflicts as required.

Our committee support team undertakes all the associated committee administration, e.g. preparing agendas and action notes, diary management, room bookings and maintaining committee listservers.

### New committee member

As a new member you will be given the opportunity to be paired with a 'buddy' and/or a mentor. While the two share some similarities, they are different: a 'buddy' will be drawn from the same committee and welcome the new member, facilitate introductions and liaise with them prior to the first meeting. If the meeting is in person, the buddy will meet the new member and sit with them during the meeting to answer any questions and give guidance. A mentor may also take on some of these tasks, but the mentor/mentee relationship is much more substantive and far-reaching. The [BMA committee mentoring programme](#) is a centralised programme which is independent of committee structures and membership. Mentors and mentees will be matched based on their interests and professional development needs within their committee roles.

We have several training and support programmes to help you in your role as an elected member – we encourage you to sign up for as many as possible. They have been developed specifically for the BMA and a medico-political environment. These include:

- [BMA mentoring programme](#)
- [BMA leadership programmes part 1 and 2](#)
- [BMA active bystander programme](#)
- [Effective influencing at the BMA](#)

For further information about any of these programmes, contact [corporate.edi@bma.org.uk](mailto:corporate.edi@bma.org.uk).

### **BMA (EDI) equality, diversity and inclusion advisory group**

Our [advisory group](#) provides expert advice and guidance on all matters relating to equality, diversity and inclusion work at the BMA.

Group members offer in-depth knowledge of, and experience in, a range of EDI issues, and help to shape the association's work on EDI for members, staff and the medical workforce. The group is chaired by the BMA chair of the representative body.

Group membership is for a two-session term and all BMA members are eligible to submit an expression of interest. Applications for the group are now closed, but please get in touch if you would like to know more.

For further information contact [corporate.edi@bma.org.uk](mailto:corporate.edi@bma.org.uk).

### **BMA committee equality champions programme**

The BMA committee equality champion is a standardised role across the main branch of practice committees. It works closely with the chair and committee executive team to ensure [equality considerations](#) are fed into all discussions and decisions in a similar way to the work of committee policy leads.

The BMA committee equality champion also works closely with the BMA corporate EDI (equality, diversity and inclusion) and policy EIC (equality, inclusion and culture) teams and reports to these teams on specific equalities-related issues within their committee and branch of practice, as they arise, to ensure the BMA's overall work on equalities is joined up and coordinated.

The remit of the committee equality champion is to:

- act as a point of contact and advocate for branch of practice-specific or pan-BMA equality issues
- ensure that equality considerations are fed into all discussions and items on branch of practice committees
- champion the BMA's commitment to [equality, diversity and inclusion](#).

At the start of a new session the role will be advertised with the help of the committee secretariat. Committee members who would like to nominate themselves for the position can do so via the online elections system.

Any voting member of the committee can nominate themselves for the role. Those in committee chair, deputy chair or executive positions are not eligible.

## Member networks and forums

We recognise that the collaboration of different voices at all levels and from all backgrounds is key to unlocking our collective potential.

### Network of elected women

The [network of elected women](#) is a BMA-wide group that helps and supports elected women members. It is a group of elected women members who will champion and strengthen female leadership and advance diversity for the benefit of our association.

### Forum for racial and ethnic equality

Created in response to calls from our members for greater support for doctors and medical students from Black, Asian and minority ethnic backgrounds, this forum aims to unify and empower the voices of our Black, Asian and minority ethnic members and influence positive change in the pursuit of race equality – in our association and across the NHS. It is made up of elected representatives from the UK branch of practice committees, UK council, representatives from the devolved nations and regional FREE, to ensure we hear from members in all parts of the BMA about the issues they face in their places of work and study.

If you would like to join your regional FREE network, [contact details are available here](#).

### BMA DLN network

The [BMA DLN network](#) aims support BMA elected members who are disabled, neurodivergent and/or have a long-term condition to develop the skills and confidence needed to become effective medico-political leaders, committee representatives and BMA ambassadors. The network is a hub for members to share their experiences and successes and to engage with colleagues and partners in a common endeavour.

## BMA equality monitoring

### Have you completed your equality monitoring information?

Having this data helps us ensure we are properly representing the diversity of the medical workforce and student body, and that we are treating all our members fairly and with dignity and respect.

It is crucial for the BMA to hold this data on its membership so that we can best:

- Develop policy and projects such as our bullying and harassment in the NHS and differential attainment in medicine work
- Develop resources and guidance to support our members
- Understand the different types of employment advice-related issues faced by doctors from different backgrounds
- Develop initiatives and training to support the participation of our members in medico-political work

You can update your information by accessing your member profile at [bma.org.uk](http://bma.org.uk). If you do not feel comfortable disclosing your details, all questions have a 'prefer not to say' option.

### How we hold your data

The information you provide is kept strictly confidential and handled in accordance with the GDPR. It is not used in any way that allows individuals to be identified and is not shared with third parties.

Find more information on the BMA's privacy policy [here](#).

For any inquiries about equality monitoring, please contact our corporate EDI team at [corporate.edi@bma.org.uk](mailto:corporate.edi@bma.org.uk)



## Other support

### Support for carers policy

The BMA family friendly fund provides care arrangements to allow committee and board members to participate fully in BMA activities.

[This policy](#) applies to BMA members who have regular caring responsibilities as parents, guardians or carers. The support available is for care that is additional to a member's normal care obligations and is needed because of a BMA meeting; for example, extra hours or an extra day of care required to enable the member to attend a BMA meeting.

Eligible events include meetings for which [honoraria](#) can be claimed, branch of practice conferences and the ARM, where your attendance requires you to be on BMA business when you would normally have caring responsibilities. Evening and afternoon events, such as dinners and lectures, which are a scheduled part of an eligible event agenda (eg the evening dinners at the ARM and branch of practice conferences) are covered.

For more information and how to apply, please see [care support for BMA activities](#).

### Your wellbeing

Our [wellbeing services](#) include a range of free and confidential services and information to help support doctors and medical students:

- Confidential 24/7 counselling line, and Peer support service for all doctors and medical students
- BMA members, plus their partners and dependents, can also access a free structured course of up to six sessions of therapy with a counsellor
- A UK wellbeing support directory detailing various support services by geographical availability on our [sources of support page](#)

### Media training

The BMA press office arranges media training for committee members, and it is essential that you attend a training session if you anticipate communicating with the media. The press officers are always happy to advise members on media-related issues and can provide background information and support.

### BMA Foundation

The BMA Foundation awards grants for medical research in a range of areas. The £65,000 grants are awarded annually and designed to help working doctors get a foot on the research ladder. For more information contact [researchgrants@bma.org.uk](mailto:researchgrants@bma.org.uk) or visit [bmafoundationmr.org.uk](http://bmafoundationmr.org.uk)

### BMA Code of Conduct support line

The Code of Conduct support line is a free, independent, and external service that provides support and guidance to BMA members and staff. This is the first point of contact to help them deal with their concerns and the impact of behaviours exhibited by BMA members, and to discuss possible resolutions.

Accredited counsellors are contactable on 0800 028 2092 from 9am to 8pm on Monday to Friday, and from 10am to 6pm on Saturday.

### Concerns about member behaviour

The BMA's preferred approach is to address poor behaviour informally through support, training, and feedback. If you have any concerns about member behaviour, please consult [the quick guide to raising concerns about member behaviour](#) to explore the options available to you.

### Speak up guardian

Alternatively, committee members who have concerns they would like to raise about the work of their committee can use our free speak up guardian. This is an independent and objective person whom committee members can contact about concerns that they may feel unable to raise by other routes. Find out more: [committee speak up guardian service](#)

Find more information on the [behaviour principles](#), [Code of Conduct](#), [Resolution Process](#) and support available in the [committee policies](#).

### International medical graduates

The BMA can help you as an IMG (international medical graduate) or international medical student, whether you're looking to make the move to the UK or are starting out in a new job. BMA advisers can help you get started in the UK, from immigration queries to learning and development. Find out more: [services for international doctors](#).

The BMA understands the importance of support, collaboration and information sharing in the medical profession, especially for IMGs. We have curated a range of learning videos to help you as an IMG to excel in your career and studies, no matter what stage you are at. Find out more: [IMG learning videos](#).

## About committees

Committees play a vital role at the BMA, please see [BMA governance](#). They represent members' views across branches of practice, specialisms and professional activities, and provide expert views and opinions to shape our strategies and policies.

The BMA can only function with the contributions of those members who seek election as representatives – thank you for making the commitment to help represent your colleagues. In order that elected BMA representatives can work together effectively, the following principles are important.

You should declare [conflicts of interest](#) to your committee chair/head of committee secretariat as appropriate. Please see a short infographic for outlining the key points of the BMA conflicts of interest policy including what might constitute a conflict and when to declare. It can be accessed [here](#)

You should uphold the [confidentiality](#) of your committee when requested. If in doubt, ask the committee chair.

As a member of the medical profession and as an elected representative, you should [always behave in a professional manner](#). Robust debate is sometimes essential in forming policy, but you should always treat colleagues and staff with respect.

When you are speaking to or communicating in the broadcast, print or [social media](#) as an elected BMA representative, or are identified as such, you should honestly represent the views of the BMA.

When speaking in a personal capacity, you should explicitly ask not to be identified as an elected BMA representative.

Committee officers should coordinate media engagements with the press office.

In standing for election, you agree to uphold these principles. The information you provide to the BMA will be processed in accordance with the data protection principles set out in the General Data Protection Regulation and the UK Data Protection Act 2018.

The BMA articles of association and by-laws include the governance rules for all committees; see extract on the next page.

# Annual representative meeting

Each year the BMA holds an [ARM \(annual representative meeting\)](#), which is the main policy-making body and an opportunity for doctors from all parts of the profession to debate issues affecting their working lives and professional practice, and key matters of interest to the medical profession. Motions for debate come largely from our divisions, regional councils, branch of practice conferences, and national councils. The ARM considers any proposed changes to by-laws and proposes amendments to the articles of association for the approval of the [AGM \(annual general meeting\)](#). It is established under the articles of association and is constituted in accordance with the by-laws.

The [RB \(representative body\)](#) is our main policy-making arm and made up of constituent bodies; it sends elected representatives to the ARM each year, to debate on and pass new BMA policies. Our policies are determined by doctors in local, regional and national forums. They send motions to the RB, which has nearly 600 members elected geographically and by branch of practice. It also conducts various elections (see [electoral bye-laws, including canvassing guidelines](#)), and considers reports from council, the board, and committees. When a motion is passed by the RB it becomes BMA policy.

The [BMA UK council](#) sets the strategic direction of the association in line with policy decided by the representative body. Council is responsible for the formulation and implementation of policy throughout the year between annual representative meetings.

At times we will convene an SRM (special representative meeting) in order to discuss a particular subject or matter.

## Extracts from [BMA articles of association and bye-laws for committees](#)

### BOARDS, COMMITTEES AND STANDING COMMITTEES

75. Boards and committees, some of which may be designated standing committees, may be appointed by the representative body or the council with such names and in such manner and on such terms as they may subject to the provisions of the articles and by-laws think proper.

### 33. Representatives of branches of practice

1. Council shall annually allocate seats to representatives of each of the branch of practice groups defined under by-law 56 (2) 2.2.
2. Council shall apportion seats for branch of practice representatives according to the proportionate membership of the Association by primary branch of practice over the 12 months preceding 1 October next before the annual representative meeting at which the representatives are due to take office.
3. The election of representatives of branch of practice shall be undertaken by members of such electing bodies representing each branch of practice as shall be nominated by council in such manner as those electing bodies shall from time to time determine.

For full details of the BMA articles and byelaws, please see link below:

[Memorandum Articles and Bye-laws \(bma.org.uk\)](#)

## Your role as a committee member

As an active [member of the committee](#), you are expected to:

- contribute to the work of the committee
- prepare for meetings to enable you to participate fully in the debates
- take into account both your own views and the views of any branch of practice, group of the profession or organisation you represent
- assume various roles as the need arises, eg helping with projects in your area of expertise
- provide a steer to the work of the secretariat
- always uphold the confidentiality of your committee
- contribute to creating an inclusive and open culture
- behave in a professional manner, and always treat patients, colleagues, and staff with respect. If you have a concern, raise it straight away with the chair of committee or with the committee secretary
- familiarise yourself with the BMA standards of behaviour expected of elected representatives under the BMA Code of Conduct.

There is an inclusive virtual committee meetings [guide](#), for members reference on the BMA website.

## Roles of other committee members

### Chair

The chair plays a pivotal role within the committee or council. During meetings, they are responsible for and expected to:

- abide by BMA behaviour principles and [Code of Conduct](#)
- ensure effective working relationships between officers and members and call out poor behaviour as an active bystander
- promote and ensure compliance with data protection legislation and confidentiality
- ensure committee members are aware of their responsibilities, monitor compliance and address any issues that arise
- work in partnership with the BMA secretariat and staff
- facilitate change and address conflict within the committee
- act as figurehead and spokesperson as appropriate
- represent the BMA, the committee and the specialty/grade in discussions with stakeholders
- keep up to date with developments
- review committee/council governance, performance and skills
- facilitate succession planning
- plan, set the agenda and prepare for meetings with others as appropriate
- run meetings in accordance with governance guidance and BMA policy
- ensure matters are dealt with in an efficient and orderly manner
- bring impartiality and objectivity to meetings and decision making
- contribute to creating an inclusive and open culture
- maintain order during meetings, establish a finish time and prioritise items for discussion
- ensure a fair and balanced discussion, giving every member an opportunity to contribute including visitors as appropriate
- aim to reach collective decisions and agreed action points, summarising these for members at the end of each agenda item and at the end of the meeting
- ensure notes of meetings are accurate and timely, and actions are taken and reported
- ensure that regular reports to BMA council reflect the committee's work and position
- encourage members to contribute to consultation responses
- contribute to and help guide listserv discussions
- take action as necessary, and in consultation as appropriate, and make decisions on behalf of the committee between meetings
- mentor less experienced committee members.

Refer to [BMA guidance for chairing a meeting](#) and the [role profile](#).

To support you in your role we have an online training with an external facilitator that is open to chairs, deputy chairs, and any BMA staff who manage committees. The training covers topics including the role of the chair, how to plan and run inclusive and productive meetings, dealing with difficult behaviour, and leading and managing collaborative communication.

For more information or to register, please contact your secretariat or the corporate EDI team (at [corporate.edi@bma.org.uk](mailto:corporate.edi@bma.org.uk))

Our [inclusive meetings guidance](#) also includes information and suggestions to support more inclusive chairing .

### Co-chairs

Co-chairing of committees can be an effective way of sharing a heavy workload and harnessing the strengths and expertise of two people. In the event of a co-chairship both chairs should only attend committee meetings and negotiation meetings of the committee they are chairing. Attendance at other committees, external meetings and conferences, both internal and external, should be shared unless they are sufficiently important to merit both chairs. Read more detailed [guidance on co-chairing](#).

### Summary from role profiles

#### Deputy chair [\(role profile\)](#)

Influencing, leading, communicating and working collaboratively are key in this role. You will work alongside and support the chair to ensure the committee functions effectively.

#### Executive members [\(role profile\)](#)

Strong leadership qualities and mentoring skills are required. You should lead by example and support less experienced members through medico-politics.

#### Ex officio members

These members hold positions on the committee by virtue of their office within the BMA, for example the chief officers of the association or a previous role held on the committee.

#### Co-optees [\(role profile\)](#)

Co-optees can be BMA members or non-members and are selected on the basis of providing expert or broad experience missing from the committee or to support a specific project.

#### Visitors/observers

These roles are not representatives of the committee or council, and do not have voting rights, but they are not passive. They provide an opportunity to see the committee in action and be involved in its work. This is a useful approach to encourage new members to stand for election to the committee. Please see the [committee visitors scheme](#), and the [visitor](#) and [observer](#) role profiles.

### Voting rights and committee meetings

All elected and appointed members have full voting rights, and a deputy member has the same rights as the member for whom they are deputising. Ex officio members, invited members, co-optees and visitors do not have voting rights, but can offer advice to help members reach decisions.

Members must act within the memorandum and articles of the association and by-laws of the BMA. They must promote the success of the association for the benefit of its members, and exercise reasonable care, skill and diligence in their duties.

#### Attendance

Members should be able to allocate sufficient time to the association to enable them to discharge their responsibilities effectively. Member role profiles provide further detail.

#### Apologies for absence

It is very important that you advise the secretariat in advance if you are unable to attend a meeting.



**Personal conduct**

Members are expected to maintain a high standard of personal conduct and to treat staff and other members with respect. Members are required to promote and role model the behaviour principles outlined in the Code of Conduct. Doctors should display the same duty of care towards one another as they would towards patients and in the workplace.

**Election behaviour**

In order that elected representatives work together effectively on standing for election, members agree to uphold the principles outlined in the Code of Conduct. Candidates will abide by electoral by-laws and respect other candidates. Members will not put undue pressure on other members, or staff, to favour a particular candidate.

## Expenses and honoraria

As a committee member, you are eligible to claim expenses incurred when attending committee meetings – please see the [BMA expenses policy](#). This includes costs of travel, subsistence and accommodation when necessary. Payments are made directly into your bank or building society account.

For allowances, please refer to the [BMA committee expense rates and limits](#).

We do not provide mobile phones or landlines, but if you incur significant call costs on BMA business, you can submit a copy of your itemised phone bill highlighting the costs incurred on our behalf and we will reimburse you.

### The Concur system

The BMA uses a web-based system called Concur to claim expenses. The website can be used on all current web browsers and is also available on most smartphones and tablet devices.

If you are a new committee representative and do not already have a Concur account with the BMA, you will need to [apply for an account](#).

- [Concur committees setup guide](#)
- [Concur committees user guide](#)
- [Concur quick reference guide](#)

If you have any queries regarding Concur, please contact John O'Connor on 020 7383 6458.

### Reimbursement of locum costs

From their first meeting, members who incur locum costs while on BMA business can reclaim the cost by submitting receipted invoices, subject to a maximum limit. This can be found in the [rates and limits document](#); it is set annually by the oversight and finance committee. If you have to pay above this level, you can make a claim to the remuneration committee at the end of each session, showing evidence by means of receipted invoices from your locums. You'll also need to give details of the work undertaken for us during the period of the claim.

### Honoraria

Some members are entitled to claim honoraria for attendance at committee meetings or on business on behalf of the committee (including participation by video or telephone conference). An honorarium is payable to members who have completed 24 meeting days without payment; they will not be eligible to claim an honorarium until their 25th attendance. This restriction underlines the fact that members are not employed by us. Honoraria payments only apply to members of national committees and regional councils.

The rate of the honorarium will continue to be set annually by the oversight and finance committee (You should ensure that you sign the meeting attendance form (or for virtual meetings, that you confirm attendance at the meeting). Payments will be made directly into your bank or building society account net of Tax and National Insurance without exception. You can find the [BMA honoraria policy](#) on our website.

For more information on expenses and honoraria, including those for GPs, please refer to: [BMA committee policies and expenses](#).

### Preferential hotel rates

We have negotiated special discounts at hotels near regional headquarters in London, Scotland and Northern Ireland for use by BMA members, BMA and BMJ staff. You can see the list of hotels available for each region and [details on how to book on the BMA website](#).

### Listserver guidance and conditions of use

Each BMA committee has a listserver, which is an email function that distributes an email to each contact registered with it. It is a mechanism for the circulation of information and consultations and is also used as a discussion forum for committee members.

As a member of the listserver, you must observe agreed guidance for the use of listservers and other means of electronic communications, as set out in the BMA [email guidelines](#), BMA [technology terms and conditions and GDPR guidelines](#). These policies form part of the BMA [Code of Conduct](#), which outlines expected behaviour and applies to all members of the BMA and its committees. Members must conduct themselves so as to promote the success of the BMA, maintain its reputation and that of its members, and at all times comply with relevant trade union laws.

Members who have concerns about member behaviour on listservers can refer posts to the external and independent listserver assessors by forwarding messages to [listserversassessors@bma.org.uk](mailto:listserversassessors@bma.org.uk)

### GDPR (General Data Protection Regulation)

The GDPR came into force from 25 May 2018. It introduced wide-ranging and significant changes to UK data protection legislation.

The BMA will be open and transparent when processing and using personal information by following the six principles set out in the new GDPR/DPA act:

- Principle 1:** Personal data shall be obtained and processed fairly, lawfully and transparently.
- Principle 2:** Personal data shall be obtained only for the specified and lawful purposes and shall be processed for limited purposes.
- Principle 3:** Personal data shall be adequate, relevant and not excessive in relation to the purpose for which it is obtained.
- Principle 4:** Personal data shall be accurate and kept up to date.
- Principle 5:** Personal data shall not be kept for longer than necessary.
- Principle 6:** Personal data shall be handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage.

### Conflicts of interest

Members are required to complete a 'declaration of interests' form to declare any conflict of interest, which will be kept in the secretariat.

#### What is a conflict of interest?

A conflict of interest can be defined as 'a set of circumstances that creates a risk that an individual's ability to apply objective judgement or act in one role is, or could be, impaired or influenced by a secondary interest' (National Audit Office 'Conflicts of interest', 27 January 2015).

Conflicts of interest occur where a person acting in a representative capacity (in this case, elected and appointed members, BMA directors and representatives (hereafter referred to in the collective 'member/s')), could be unfairly influenced by financial or other commitments into failing to represent their constituency adequately, or adequately discharge their responsibilities in their appointed or elected position.

It is appropriate, therefore, that there is openness and transparency about other commitments that members may hold. By ensuring that any potential conflicts of interest are disclosed and known to others, they are less likely to influence debates, votes in meetings, etc.

The information provided by members will be processed as defined by the GDPR. Data will be processed only for the purposes set out in this policy and not for any other purpose.

### What type of information should I declare?

All members must complete and return to the committee secretary a 'declaration of interests' form as soon as possible. Members will be responsible for notifying of any changes in their registrable interests within 14 days of the change occurring to ensure the record is kept updated.

Some guidance on the types of information which members should consider declaring is set out below. This list is not exhaustive; it is impossible to list every potential situation or circumstance that could give rise to a conflict of interest. Members should therefore use their judgement to decide whether any of their interests should be disclosed.

- Directorships and committee appointments: both paid and unpaid directorships (including non-executive directors or senior employees) of any public or private company, or other body, together with any roles or positions with other committees.
- Alternative trade union membership external to the BMA: any membership of another trade union must be disclosed.
- Other remunerated work: any paid employment or other sources of income outside their normal medical work. Examples might be paid consultancy or advisory positions with government departments, pharmaceutical companies or the medical press, articles sold to the paramedical press, or remunerated speaking engagements. Also included should be work for companies active in other healthcare fields, NHS trusts, health authorities, any NHS commissioning body or health boards, and endorsements or appointments which could be used by other organisations for marketing purposes.
- Gifts, benefits and hospitality: this includes any substantial gift or material advantage received by a member which in any way relates to their membership of BMA committees. This includes trips or visits arising out of membership, where the cost has not been wholly borne by the member or the BMA. Gifts of less than £500 in value and other benefits of less than £500 in value would be exempt, as would events to which all members are invited.
- Shareholdings or other positions: names should be declared of any public or private company (including any not-for-profit), business, partnership, consultancy active in the field of healthcare, or certain other sectors where a conflict of interest might arise (eg retail financial services, STM [scientific, technical and medical], publishing) in which the member holds significant shareholdings, interests or control. Significant in the context of shareholdings is defined as either (a) greater than 1 per cent of the issued share capital of the company or body, or (b) less than 1 per cent of the issued share capital but more than £25,000.
- Indirect social/business relationships and family interests: these would include any close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest (and any other interests) of close family members/friends/business partners that might be considered relevant to an individual's position as a member of any BMA committee.
- Appointments which could lead to a commercial conflict of interest.
- Potential conflicts arising from the possession of confidential information.
- Miscellaneous and unremunerated interests: this includes other interests which do not fall clearly within any of the above categories, eg membership of societies or other organisations. Membership of, or work for, other bodies such as charities or trusts which could influence a member's position with regard to their BMA associated activities should also be included, as well as membership of UK governments or Department of Health committees/working groups (or their equivalents in Scotland, Wales or Northern Ireland), on which the member is not a designated BMA representative.

### Senior elected positions

There is also a procedure to assess declared conflicts at the nomination stage, for senior elected positions (chairs, deputy chairs, officers and executives).

Two questions will be added to the nomination forms for elections (paper or electronic via the online elections system), to allow individuals to declare any conflicts of interest.

The committee chair and secretariat will consider the declaration and decide whether an actual or potential conflict exists. If the chair and secretariat consider that any matter needs further exploration, they will refer it to the corporate development directorate, for consideration by an independent conflicts of interest assessment group.

**Members are recommended to read the complete BMA [conflicts of interest](#) policy.**

# Introduction to the BMA strategy for 2020-2025

The BMA is its members, and they are at the heart of our new BMA strategy for 2020-2025, which has been co-created in partnership between BMA staff and elected members.

The strategy sets out our ambitions for the years ahead. It is designed to be a living document as we recognise the importance of being able to respond to unforeseen external events like COVID-19 with speed and agility. We hope that by reading the strategy you will be clear on the exciting future that lies ahead for the BMA and its members, and the important part all staff and elected members have in looking after doctors so they can look after you.

## Strategic priorities

### Member centred

Actively engage our profession to fully understand and respond to needs and expectations. Know what our doctors need to help them excel at every stage of their careers.

### Representing the profession

Act upon the concerns of our profession to achieve the best possible outcomes, both individually and collectively, as a strong trade union and professional association. Challenge on the issues that matter most to doctors and medical students.

### Influencing outside the BMA

Lead on behalf of our profession on the issues that matter most. Be the leading voice of doctors to bring about change.

### Running the BMA

Build a sustainable, carbon-neutral organisation for a changing world. Work differently so we achieve our mission to look after doctors.

Read the full details here: [Introduction to the BMA strategy for 2020-2025](#)

**BMA** Introduction to the BMA strategy for 2020-2025

**The BMA is its members and they are at the heart of our new BMA strategy for 2020-2025, which has been co-created in partnership with BMA staff and elected members.**

Emphasising our role as a strong trade union and leading professional body it is built on the back of meticulous research conducted through reviews of policy, communications, member support services, our culture, staff surveys and a detailed survey of our members. It responds to the challenges and opportunities we have seen in our external environment and the impact these have on the profession.

The strategy sets out our ambitions for the years ahead. It is designed to be a living document as we recognise the importance of being able to respond to unforeseen external events like Covid-19 with speed and agility.

BMA council and the Board have endorsed the strategy which will give the leadership team, elected members and our excellent staff a blueprint to develop coherent plans and a culture that will deliver the very best outcomes for our members, representatives and employees.

We hope that by reading the strategy you will be clear on the exciting future that lies ahead for the BMA and its members and the important part all staff and elected members have in looking after doctors so they can look after you.

Best wishes  
Chand and Tom

**Chand Nigpal** Tom Gilroyer  
BMA council chair Chief executive officer



# Helping you participate

## Paperless

We have a responsibility to promote and adopt organisational policies that support sustainable practices and improve health. We would be grateful for your help in supporting these environmentally friendly practices. All meeting papers are now available electronically; hard copies will be available (and posted out) on request.

## Teams – video conferencing facilities

For some meetings you may find it easier to join via Microsoft Teams video conference from your home or workplace. Video conferencing and webcam facilities are available at BMA House and in the Scotland, Wales and Northern Ireland offices.

For more details on video conferencing into a meeting, please see [Teams guidance](#) and talk to your committee secretariat or staff contact.

Microsoft Teams lets you:

- start conversations with IM (instant message), voice or video calls
- see when your contacts are available online, in a meeting, or presenting
- ensure industrial-strength security for meetings
- broadcast online to a large audience
- present your screen during meetings or give control to others
- use Teams in other Office programs to chat, call, or join a meeting with a click
- record short video clips.

For information on how to ensure our BMA meetings are as inclusive and accessible as possible, please read our Inclusive Meetings Guidance [here](#)

## Baby-friendly policy

Breastfeeding is supported at BMA House and other BMA offices, including in the public areas of BMA House and during meetings. There are also private areas available with appropriate facilities that you can request. Additional breaks can be taken during meetings if you are breastfeeding.

## Prayer room

A prayer room is available at BMA House and the national offices. For access to the prayer room please ask your committee secretariat or staff contact for further details.

## Catering

Members with special dietary requirements should confirm their attendance at least four days in advance, so the secretariat can liaise with catering. Please let us know your dietary requirements and what we can do to make our meeting fully accessible to you.

Please visit [here](#) for an accessibility guide of BMA House.

## Other useful information and links

### Patient liaison group

The [PLG](#) (patient liaison group) is an internal reference group that was established in 2004 and represents patients within the BMA, informs BMA policy, and gives an informed patient view on matters of interest to the medical profession. The committee's members come from a range of backgrounds and draw on their knowledge and experience as patients, carers and professionals in a range of health-related fields.

Working with other BMA committees, the PLG contributes to a dynamic, two-way exchange of information and appraisal to ensure patient perspectives constructively inform BMA policies. The PLG feeds into other committees via consultations and briefing papers, and inputs to committees and BMA council with patient-informed views through representatives on branch of practice committees. It also runs an annual symposium, bringing together stakeholders from healthcare and across the association to discuss some of the biggest challenges affecting patients and patient care; topics in the past have included housing and health, digitalisation and Brexit.

Committee webpages

- [Taking part in a BMA committee: resources and guidance, including role profiles, BMA policies and advice for meetings](#)
- [Committee policies: guidelines and policies for committee members \(sign into access\)](#)
- [Committees and policy groups: reports and presentations from ARM 2023](#)

### Time off for trade union duties and activities

Employees who are representatives of a recognised trade union have the legal right to be permitted a reasonable amount of paid time off work to enable them to carry out trade union duties. The code of practice for trade union duties is different in Northern Ireland than the rest of the UK. Further details, including key documents you may need to secure paid time off work, are available online: [Trade union leave](#)

## Defamation statement

The BMA requires all its committees to be issued with a statement on defamation at the first meeting of each political session and similar statements are provided to members of its ARM each year.

Any individual making a public statement (written or oral) on behalf of the BMA and its committees needs to have a broad understanding of the of the law of defamation and the implications of any infringements on defamation legislation (primarily the Defamation Act 2013).

Generally, a defamatory statement is one which:

‘...tends to lower an individual’s reputation in the eyes of right-thinking members of society, or which would cause him to be shunned or bring him into hatred, ridicule or contempt, or which tends to discredit him in his profession or trade.’

There are two forms of defamation: libel and slander. Libel is the publication in permanent form of a defamatory statement; slander is its publication in transitory form. Typically, slander is spoken unrecorded word, whereas libel includes the written form such as hard copy or electronic communications, but also spoken words that are recorded, eg in video form, or even in a voice recording such as voice message. 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.

Defences to a claim of defamation include:

- (a) **truth** – being able to show that what was said is true or substantially true (Note: there is a legal presumption in favour of the claimant that a defamatory statement is false, meaning that the onus is on burden of proof is placed on the defendant to prove otherwise.);
- (b) **honest opinion** – a statement of genuinely held opinion on a stated factual basis;
- (c) **public interest defence** – a defendant may avoid liability where the truth of a statement cannot be proved but if it can be established that publication was on a matter of public interest and the statement maker reasonably believed that publishing the statement was in the public interest;
- (d) **qualified privilege** – a partial defence where the defendant can prove that the publication was in the public interest (there are two forms of qualified privilege – statutory and common law); and
- (e) **absolute privilege** – a complete defence applying to statements made in certain situations, e.g. in Parliament proceedings, judicial proceedings, solicitor-client communications, statements to the police in a criminal investigation.

An action for defamation can only be brought in the high court. Legal aid is not available, and proceedings are notoriously expensive.

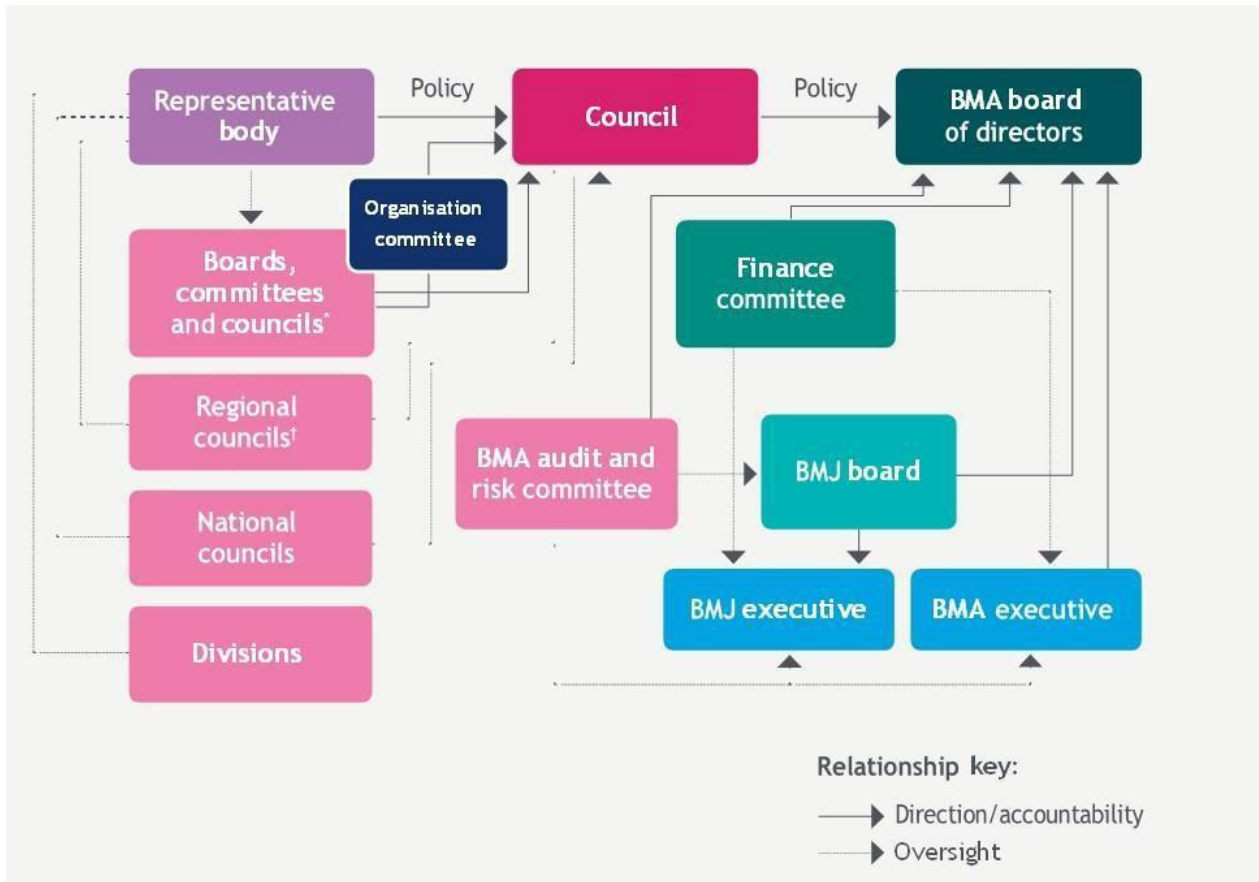
Where it is necessary to mention individuals or organisations, great care should be taken to ensure that no gratuitous, inflammatory or unsustainable comment is made, whether the discussion is on or off the record. Great care must also be taken to ensure that where an issue regarding an individual or organisation is the subject of rumour or speculation, it is not given weight or authority by being publicised by the BMA to the detriment of that individual or organisation’s reputation. Similarly unsubstantiated comment should not be made about individuals and organisation.

# APPENDIX 1 – BMA governance structure

This scheme of delegation sets out the roles and responsibilities for the British Medical Association (BMA), please see details in link below:

[BMA governance](#)

## BMA Scheme of delegation



## APPENDIX 2 – Current BMA structure information

### BMA board of directors

The board is responsible for the management of the finances and general administration of the BMA. It ensures the implementation of the strategic and operational objectives and resolutions made by council. The board directs the activities of the BMA and BMJ group, according to Companies Act legislation. Read more about the [board](#).

### Councils

UK council, Scottish council, Welsh council and Northern Ireland council are the principal executive committees of the trade union function of the BMA. They set our strategic direction, with policies established by the RB (representative body) and are governed by trade union legislation.

The council's role is to: delegate the implementation of BMA policy – although it can determine the timing and coordination of policy resolve disputes between other BMA bodies

- authorise industrial action
- formulate policy between ARM events where none exists
- put forward proposals for new BMA articles and by-laws, and amend or repeal existing ones

### UK council

The [BMA UK council](#) sets the strategic direction of the association in line with policy decided by the representative body.

### Welsh council

As a standing committee of the BMA, [Welsh council](#) focuses on all issues relevant to the medical profession and healthcare in Wales; formulating policy and ensuring it is implemented.

### Northern Ireland council

The [Northern Ireland \(NI\) council](#) focuses on matters relevant to the medical profession and healthcare in Northern Ireland; formulating policy and ensuring it is implemented.

### Scottish council

The [Scottish council](#) is a standing committee of the BMA. It focuses on matters relevant to the medical profession and healthcare in Scotland.

Find out more about [UK, national & regional councils](#)

### Regional councils

BMA regional councils provide regional representation for all BMA members.

BMA regional councils provide a focus for BMA activity at a regional level, delivering BMA policy and providing a communication link with BMA UK council.

They bring together all BMA members across all branches of practice in each region to have a say on issues that concern them. Find out more about all our regional councils, [check the details for your area](#) and how to get involved.

### Branches of practice (BoPs)

These BoP committees represent all doctors in the UK – whether they are BMA members or not – to governments, national assemblies and organisations including royal colleges and education bodies. They are officially recognised in national negotiations for NHS doctors, and by the DDRB. They report to UK council, share members with regional committees, and hold annual conferences

There are equivalent committees in Scotland, Wales and Northern Ireland, which share members with the UK branch of practice committees and provide reports to their national councils. For speciality and other committees please see [BMA website](#).

### **BMA divisions**

Divisions give you the opportunity to debate local issues with peers in your area. All BMA members belong to a local division and/or LNC/LMC, these are usually run by an honorary secretary who will organise meetings for members throughout the year.

Divisions also send representatives and submit motions to the ARM (annual representative meeting) which becomes BMA policy if passed. Find out [more about divisions](#).

### **LNCs**

LNCs (local negotiating committees) are made up of elected local BMA representatives who negotiate and make collective agreements with local management on behalf of medical and dental staff of all grades.

They support the work of the regional and national branch of practice committees, negotiating on issues including terms and conditions of service and working arrangements.

To [find out more about LNCs](#) and how to get involved in your nearest committee.

### **LMCs**

LMCs are local representative committees of NHS GPs.

As membership organisations, their strength lies in their ability to represent the entirety of the profession, maintaining a corporate memory within general practice.

[Learn how they represent GPs' interests](#) to NHS health authorities and find contact details for your nearest group.

It's important to note that LMCs are not regional BMA offices.

### **Medical schools**

If you are a student who is studying for or already has another degree, a mature student or even someone who has no qualifications at all, there are a number of [routes into medical school](#). With a range of different learning styles and courses at each medical school. [Find out more about the courses](#).

The BMA medical students committee also has a representative at each medical school, representing the interests and issues for all medical students. Contact the committee via email [info.students@bma.org.uk](mailto:info.students@bma.org.uk)



## APPENDIX 3 – BMA abbreviations and acronyms

The BMA is brimming with our own abbreviations and acronyms. Here are some of the commonly used terms you may hear during meetings or see online.

AA	annual allowance (regarding pension tax)
AAC	Advisory Appointments Committee
ACAS	Advisory, Conciliation and Arbitration Service
ACCEA	Advisory Committee on Clinical Excellence Awards
ACCS	acute care common stem
ACF	academic clinical fellow
ACO	accountable care organisation
ACS	accountable care system
AfC	Agenda for Change
AFC	armed forces committee (BMA)
AFPRB	Armed Forces' Pay Review Body
AoMRC	Academy of Medical Royal Colleges
APMS	Alternative Provider Medical Services
ARCP	annual review of competence progression
ARM	annual representative meeting (BMA)
AS	assistant secretary (BMA Scotland, BMA Cymru Wales)
ASME	Association for the Study of Medical Education
BAAPS	British Association of Aesthetic Plastic Surgeons
BAPIO	British Association of Physicians of Indian Origin
BDA	British Dental Association
BIDA	British International Doctors Association
BMA FREE	Forum for Racial and Ethnic Equality
BoP	branch of practice
BoS	board of science (BMA)
CabSec	Cabinet Secretary for Health and Social Care (BMA Scotland)
CPSC	civil and public services committee (BMA)
CC	consultants committee (BMA)
CCC	committee on community care (BMA)
CCST	certificate of completion of specialist training
CCT	certificate of completion of training
CEA	clinical excellence award
CEGPR	Certificate of Eligibility for General Practice Registration
CESR	Certificate of Eligibility for Specialist Registration
CHP	Community Health Partnership
CHC	Community Health Councils (Wales)
CL	clinical lecturer
CLN	Clinical Leaders Network
CMF	Christian Medical Fellowship
CMM	committee for medical managers (BMA)
CMO	Chief Medical Officer
CMPs	civilian medical practitioners
CMR	current market rates
CMT	core medical training
CoC	chair of council (BMA)
COG	chief officers group/contracts oversight group (BMA)
COGPED	Committee of General Practice Education Directors
COMAR	conference of medical academic representatives (BMA)

COPMeD	The Conference of Postgraduate Medical Deans
CPD	continuing professional development
CPSC	civil and public services committee (BMA)
CQC	Care Quality Commission
CRF	clinical research fellow
CSER	corporate social environmental responsibility
CSL	senior clinical lecturer
CSO	coordination and support officer
DCC	direct clinical care
DDA	Dispensing Doctors' Association
DDRB	Review Body on Doctors' and Dentists' Remuneration
DES	directed enhanced services
DEQ	director of education and quality (one at each LETB)
Devo Manc	devolution of the health and social care budget in Manchester
DHCW	Digital Health and Care Wales
DHSC	Department of Health and Social Care
DME	director of medical education (one in each Trust)
DHSC	Department of Health and Social Care
DoH NI	Department of Health Northern Ireland
DN	devolved nation
DP	Discretionary points (BMA Scotland)
EA	employment adviser
EDI	equality, diversity and inclusion
EIC	equality, inclusion and culture
EJDWL	enhancing resident doctors' working lives
ELCPAD	end-of-life care and physician-assisted dying
ER	exception reporting
ET	executive team
EWTD	European Working Time Directive
FFLM	Faculty of Forensic & Legal Medicine
FPC	first point of contact (BMA advisers)
FPP	flexible pay premia
FTE	full-time equivalent
FTSTAs	fixed-term speciality training appointments
FY1, FY2	foundation year 1, foundation year 2
GDP	general dental practitioner
GDPR	General Data Protection Regulations
global sum	funding for GP practices' essential and additional services
GMC	General Medical Council
GMP	general medical practitioner
GMS	general medical services
GPC	general practitioners committee (BMA)
GPCW	general practitioners committee Wales
GPDF	general Practitioners Defence Fund
GPDPR	general Practice Data for Planning and Research
GPG	gender pay gap
GPST	general practice specialty trainee
GPVTS	general practice vocational training scheme
HB	health board
HCP	health and care partnership
HCSA	Hospital Consultants and Specialists Association
HEE	Health Education England
HEIW	Health Education and Improvement Wales
HIS	Healthcare Improvement Scotland
HIW	Healthcare Inspectorate Wales
HoC	head of committee secretariat
HSC	Health Select Committee

HSCB	Health and Social Care Board (NI)
HSCA	Health and Social Care Act 2012
IA	industrial action
ICS	integrated care system
ICD	independently contracted doctor
IDT	inter deanery transfer
IMG	international medical graduate
IRO	industrial relations officer
JATS	joint academic trainees subcommittee (BMA)
JMF	junior members forum (BMA)
JNC	joint negotiating committee
JNC(J)	joint negotiating committee (juniors)
KPI	key performance indicator
LAT	locum appointment for training
LCEA	local clinical excellence award
LETB	local education and training board
LHB	local health board
LMC	local medical committee
LNC	local negotiating committee
LOV	living our values
LTFT	less than full time
MASC	medical academic staff committee (BMA)
MDA	medical degree apprenticeship
MDBG	Medical and dental business group (Wales)
MEC	medical ethics committee (BMA)
MHO	mental health officer
MLC	medico-legal committee (BMA)
MPIG	minimum practice income guarantee
MRCOG	Member of Royal College of Obstetricians and Gynaecologists
MS	Member of the Senedd (formerly AMs: Members of National Assembly for Wales)
MSC	medical students committee (BMA)
MSG	Management Steering Group (BMA Scotland)
MWF	Medical Women's Federation
NES	NHS Education for Scotland
NEW	network of elected women
NHSE	NHS Employers
NHSE/I	NHS England and NHS Improvement
NHSPRB	NHS pay review body
NIGPC	Northern Ireland General Practitioners Committee
NROC	non-resident on call
NTN	national training number
NWSSP	NHS Wales Shared Services Partnership
OB	operational board
OFC	(BMA) oversight finance committee
OMC	(BMA) occupational medicine committee
OOA	out of area
OOH	out of hours
OOP	out of programme
PA	physician associate or programmed activity
PACS	primary and acute care system
PARO	policy advice and research officer
PASO	policy advice and support officer
PC	pensions committee (BMA)
PCN	primary care network
PFC	professional fees committee (BMA)
PRC	professional regulation committee (BMA)

PHMC	public health medicine committee (BMA)
PHMRS	public health medicine registrars subcommittee (BMA)
PHW	Public Health Wales
PIA	patient information awards
PIDA	Public Interest Disclosure Act 1998
PLG	patient liaison group
PMS	personal medical services
POW	place of work
PPC	private practice committee (BMA)
PRB	pay review body
PSA	Professional Standards Authority
QAIF	Quality Assurance and Improvement Framework (Wales)
QOF	Quality and Outcomes Framework
RB	representative body
RCC	regional consultants committee
RCOG	Royal College of Obstetricians and Gynaecologists
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
RCPsych	Royal College of Psychiatrists
RDC	resident doctors committee (BMA)
RDs	resident doctors
RDF	resident doctors forum
RJRC	regional resident doctors committees
(BMA) RMC	retired members committee
RTT	referral to treatment
SAS	staff, associate specialists and specialty doctors
SASC	SAS doctors committee (BMA)
SC	Scottish Council
SC Exec	Scottish Council executive committee
SCC	Scottish Consultants committee
SCC Exec	Scottish consultants executive committee
SCCF	Scottish consultants finance subcommittee
SFE	statement of financial entitlement
SG	Scottish Government
SGPC	Scottish general practitioners committee
SGHD	Scottish Government health directorates
SIGN	Scottish intercollegiate guidelines network
SRDC	Scottish resident doctors committee
SJT –	situational judgement test
SLMC	Scottish local medical conference
SLNCF	Scottish local negotiating committee forum
SMASC	Scottish medical academic staff committee
SMC	Scottish medicines consortium
SMSC	Scottish medical students committee
SOAR	Scottish online appraisal record/resource
SPA	supporting professional activity
SRM	special representative meeting
SSASC	Scottish staff, associate specialist and speciality doctors committee
ST	specialty trainees
StR	specialty registrar
STP	sustainability and transformation partnerships (or plans)
STV	single transferable vote

SWOT	strengths, weaknesses, opportunities and threats (analysis)
TCS	terms and conditions of service
The Board	the BMA board of directors comprised of the council chair, representative body chair, treasurer, three elected council members, a lay member, the chief executive and the director of finance and corporate services
TOIL	time off in lieu
TUC	Trades Union Congress
UKMLA	UK Medical Licensing Assessment
WAM	women in academic medicine
WG	Welsh Government
WLI	waiting list initiative
WMA	World Medical Association
WP	widening participation
WRES	workforce race equality standard
WTR	working time regulations

**British Medical Association**

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BMA 20240810