

# Consultants conference 2024

# Agenda

**#consultantsconf**

# Consultants conference 2024

## Agenda

To be held on:

Tuesday 5 March 2024, BMA house/ hybrid

Link to be shared for virtual attendees

**Chair** Dr Phil de Warren Penny

### Conference Agenda Committee

Dr Ian Barros D'Sa  
Dr Eleanor Checkley  
Dr David Farren  
Dr Mike Henley  
Dr Devender Khurana  
Dr Helen Neary  
Dr Prakash Punjabi  
Dr Vish Sharma  
Dr Simon Walsh  
Dr Emma Catherine Wiley



# #consultantsconf

# A brief guide to the 2024 Consultants Conference

## Function of conference

The primary purpose of the Consultants Conference is to provide policies for the Consultants Committee (CC) to take forward over the coming year.

## Agenda outline

The conference agenda outlines the schedule for the day, with the morning session comprised of introductions, a keynote address by the chair of the committee and motion debates. The afternoon is comprised of a panel session with a Q&A and further debates.

Motions are received from a number of constituent bodies such as medical staff committees (MSCs) regional consultants committees (RCCs) and from the subcommittees of the CC. In addition, motions from other BMA conferences are sometimes transferred to the Consultants Conference for consideration if they are directly relevant to consultants. The deadline for receipt of motions was 5pm on 21 January 2024.

## What is a motion?

A motion is a proposal for action or statement of opinion which, if passed, becomes CC policy.

## How are the motions organised?

A number of motions are received each year from our constituent bodies. These are grouped and prioritised for debate by the conference agenda committee. This year a number of key topics were identified for debate and the majority of motions are based around these areas.

In the agenda, each new topic appears in bold with the time allocation alongside. Similar motions on a specific element of that topic are grouped in a bracket (appearing as a thick black line to the left) with only the starred motion(\*) being debated and voted on. As such, the starred motion is the only motion that has the potential to become policy. Any constituent is able to speak in a debate although the chair will usually give priority to speakers from constituencies with motions within the bracket. Greyed out motions signify motions that are unlikely to be reached for debate.

You may object to the choice of starred motions either because you do not agree with what the motion is proposing or you feel that another motion within that bracket would be preferable. In such instances, you are able to suggest changes to the bracketing/starring. These must be received by 12pm on Sunday 3rd March 2024. In addition, conference can vote to prioritise one further motion for debate. There will be a virtual poll for this motion.

## Types of motion

In addition to the motions prioritised for debate in the main agenda, there are two types of motion to be aware of:

- **'A' motions** prefixed with 'A' are in line with accepted BMA policy and are therefore not debated.
- **Topical motions** consider issues which have arisen since the deadline for receipt of motions and which could not have reasonably been considered before that date. If you wish to submit a topical motion, the deadline is **12pm on Sunday 3rd March 2024**.

## Revision of the agenda post-publication

Amendments to the motions on the agenda must be submitted to the agenda committee by 12pm on Sunday 3rd March 2024. You can do this by emailing [info.cc@bma.org.uk](mailto:info.cc@bma.org.uk).

An updated Supplementary Agenda will be issued on the day of conference. The agenda committee continues in session through conference to help and guide you through the day and to advise and provide the chair with a list of speakers for each debate. Withdrawn motions or minor clarification on the day must be submitted by 12pm on Sunday 3rd March 2024 to [info.cc@bma.org.uk](mailto:info.cc@bma.org.uk) for approval by conference.

### How is the debate conducted?

- In order to take part in a debate you will need to complete an electronic speaker's slip on the streaming platform. We advise delegates to submit these up to 15 minutes before the debate is scheduled to take place. You should complete the speaker slip as appropriate; indicating whether you are speaking for or against, and if you have any particular expertise in the area of debate.
- Please note that filling out a speaker slip does not mean that you are obliged to speak. You may decide not to speak when the time comes and, in such cases, please let the agenda committee know through our platform if you choose to withdraw your speaker slip.
- The agenda committee will provide a list of speakers for the chair. The conference chair balances debate by calling speakers both for and against. The proposer speaks up to three minutes whilst other speakers have two minutes. The chair of CC then has the opportunity to respond to the debate.
- The proposer has the right to reply to the debate in up to two minutes. However, no new points may be made in the reply. To help move the debate along, proposers may be asked to waive the right of reply.

#### (a) Proposing a motion:

- Following publication of the agenda you will be contacted in advance by Consultants Committee secretariat to check if you are happy to propose your motion on the day of the conference.
- Try to communicate your point as briefly as possible; the debate is time-limited. It is useful to back your point up with supporting evidence in order to communicate your message as effectively as possible.
- **Avoid defamation. We would like to remind all representatives and members of conference that this is a public arena and they are prohibited from making any allegations and/or statements direct or indirect, towards any individual or organisation or any other entity which could give rise to a claim in defamation.**
- In the event that any comments made give rise to any such claim or result in damages or any other costs to any third party then the member or representative making the comment will be deemed to take sole responsibility and liability in respect of the consequences.
- Having proposed a motion, listen to and note the debate as you may wish to reply before the vote to the points raised.
- If there are concerns from other speakers about parts of your motion, consider taking your motion 'as a reference' to the CC to see if a part of it can be enacted.

#### (b) Speaking for or against

- If you attending in person and are called to speak for or against a motion, you will be asked to come up to the podium in the room. If you are attending virtually, you will be asked to join the 'green room' - a Microsoft teams meeting - before the debate is due to begin. Please join this meeting with your video off and microphone on mute. Open the chat function where you will be notified when to speak. It is important to mute the live stream when you leave to join the 'green room' Teams call. When the chair calls your name for you to speak for or against the motion, please unmute your microphone and speak. After your speech, please leave the 'green room' Teams meeting and return to the live stream to vote.
- You will be given two minutes to speak on the points that the proposer has raised, or the motion as a whole.
- Debate ends when time runs out.
- A vote is taken on the motion electronically. Motions that have more than one part may be voted on separately.
- The chair has a casting vote if necessary.
- Most decisions are made upon a simple majority. Some motions however required a two-thirds majority such as: 'rescinding a resolution of conference', 'proceed to the next business', 'vote be taken', 'Standing Orders be suspended', or if substantial expenditure of the Association's funds be incurred.
- The chair can rule that if a motion is carried linked subsequent motions are either covered or fall.

After motions have been passed, they are referred to the CC for consideration and action. Some can also be referred to the BMA's annual representative meeting for further debate.

### New attendees

Before the start of the conference, there will be an introductory session for new representatives to outline the format of the day, set out how the conference works and to answer any questions.

## NOTES

Under standing order 7, in this agenda are printed all notices of motions for the annual conference received up to **5pm on 21 January 2024**. Although 21 January was the last date for receipt of motions, any RCC, MSC or member of the conference, has the right to propose an amendment to a motion appearing in this agenda, and such amendments should be sent to the secretariat by **12pm on Sunday 3 March 2024** prior to the conference (info.cc@bma.org.uk).

The agenda committee has acted in accordance with standing order 17 to prepare the agenda, grouping together motions or amendments, which cover substantially the same ground and marking with an asterisk in the agenda, or forming a composite motion or amendment, on which it proposes that discussion should take place.

The committee has identified the most important topics in the agenda and selected for priority in debate an appropriate number of motions or amendments on those topics that it deems to be of outstanding importance. Representatives are also able to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Ballot for chosen motions will be taken before the conference.

# SCHEDULE OF BUSINESS

## TUESDAY 5 MARCH 2024

Time		Motion
10:00	Introduction and Preliminaries	1-3
10:20	Report by Chair of Consultants Committee	4
10:30	Northern Ireland	5
10:50	Workforce and Wellbeing	6 – 7
11:30	BREAK	
11:40	Supporting Professional Activities	8
12:00	Consultant Pay	9 - 10
12:20	LUNCH	
13:00	Panel Session and Q&A: Negotiations and Consultant Pay Offer	
14:50	Healthcare Policy	11
15:10	BREAK	
15:20	Regulation	12
15:40	Physician Associates (open mic session)	13 – 14
16:00	Chosen Motion	15
16.20	Emergency Motion	16
16:40	'A' Motions	17 - 22
16:50	Any other Business	
16:55	Close	

# ELECTIONS AT CONSULTANTS CONFERENCE 2024

Election timetable:

- Nominations open – **12pm Thursday 29 February 2024**
- Nominations close – **1pm Tuesday 5 March 2024 (day of the conference)**
  
- Voting opens – **3pm Tuesday 5 March 2024 (day of the conference)**
- Voting closes – **3pm Wednesday 6 March 2024**

Results will be announced via email soon after the close of voting.

**Positions to be elected:**

- Chair of Consultants Conference 2025
  
- Deputy Chair of Consultants Conference 2025
  
- Six members of the Consultants Conference Agenda Committee 2025\*

\* at least one of whom must not have previously been a member of the Consultants Committee or the Consultants Conference Agenda Committee

All voting members of the consultants conference are eligible to nominate themselves and vote in this election.

Nominations and votes should be submitted online via the BMA's online election system.

## 1 RETURN OF REPRESENTATIVES 10.00 – 10.20

Return of members attending the conference (to be shared later)

## 2 MINUTES

Minutes of the last conference held on 1 March 2023 (CAC 4, 2023-24 enclosed herewith).

## 3 REPORT OF THE AGENDA COMMITTEE

- (i) That the agenda committee is charged under standing order 17 with recommending the order of the agenda and selecting for priority in debate an appropriate number of motions or amendments on those topics which it deems to be of outstanding importance;
- (ii) That in accordance with standing orders 16 and 17, the conference agenda committee, having considered those resolutions due to lapse as policy, recommends the following continue to be policy (CAC 14, 2023-24 herewith).

## 4 REPORT BY CHAIR OF CONSULTANTS COMMITTEE 10.20 – 10.30

Report from Dr Vishal Sharma, Chair of Consultants Committee

### Northern Ireland 10.30 – 10.50

- |   |   |         |   |
|---|---|---------|---|
| * | 5 | A53CC24 | <p><b>Motion</b> by Northern Ireland Consultants Committee</p> <p>That this Conference is appalled at the state of the Health Service in Northern Ireland through chronic underfunding, leading to the worst waiting lists and increasing health inequalities compared to other UK nations. We call on the BMA to lobby the Westminster government and the Secretary of State for Northern Ireland to release withheld funding immediately and properly resource HSCNI.</p> |
|---|---|---------|---|

### Workforce and Wellbeing 10.50 – 11.30

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|---|---|--------|--|
| * | 6 | A7CC24 | <p><b>Motion</b> by Oxford RCC</p> <p>This conference calls upon trusts that are employing consultants on over 10 Programmed Activities for a year or more in a department to convert those PAs to additional permanent consultant posts to protect the wellbeing of consultant staff.</p> |
|---|---|--------|--|

- |   |   |         |  |
|---|---|---------|--|
| * | 7 | A38CC24 | <p><b>Motion</b> by London South RCC</p> <p>This conference calls for clear guidance for the minimal provision that Trusts should give to International Medical Graduates (IMGs). Many are improving the communication with HR and advice for repatriation, but specific rules need to be put in place and adhered to for them to acclimatise into the practices within the NHS. For example three months as supernumerary and compulsory proper induction. This is necessary to protect them and patients and need to be uniform, consistent, and better.</p> |
|---|---|---------|--|



## BREAK 11.30 - 11.40

## Supporting Professional Activities 11.40 - 12.00

- |   |   |         |   |
|---|---|---------|---|
| * | 8 | A57CC24 | <p><b>Motion</b> by Conference Agenda Committee</p> <p>That this conference notes the vast difference in SPA allocations between Trusts for various roles and activities, including those of LNC chair/deputy, resulting in pay differentials, gender gap differentials and potential misuse of non-working time to undertake SPA. While there have been recommendations for time allocation by the BMA and other organisations, it is proposed that the BMA:</p> <ol style="list-style-type: none"> <li>i. Mandate that all job plans policies include a requirement for a minimum of 2.5 SPAs.</li> <li>ii. Provide 'minimums' guidance for various activities to standardise SPA allocation across Trusts (e.g. LNC chair, audit, governance, teaching, etc.) for BMA members.</li> <li>iii. Push for additional and equivalent SPA allocation for training other health care professionals, aside of the minimal amount given for time spent as an Educational Supervisor or appraiser, given the expanding and changing workforce impacting on the quantity of clinical supervision.</li> <li>iv. Provide guidance for doctors to not undertake SPA activities that are not remunerated or given time provision.</li> <li>v. Clear definition of the role of the clinical supervisor, including appropriate time allocation, when applied to non-medical prescribers.</li> </ol> |
|---|---|---------|---|

## Consultant Pay 12.00 -12.20

- |   |    |         |  |
|---|----|---------|--|
| * | 9  | A42CC24 | <p><b>Motion</b> by Imperial College Healthcare NHS Trust LNC</p> <p>This conference:</p> <ol style="list-style-type: none"> <li>i. Notes the importance for many specialties of senior doctors being available at short notice out of hours to attend emergencies</li> <li>ii. Notes that in many areas it is increasingly unaffordable to live within the specified maximum journey time from the work site</li> <li>iii. Demands more use by employers of geographic pay premiums that better reflect the additional cost of living near particular areas</li> <li>iv. Demands that employers provide the option for senior doctors to use free on-site accommodation (which must meet standards agreed nationally with the BMA) or paid-for nearby hotel accommodation to allow non-resident on-call doctors to be within the required distance of their workplace out of hours</li> <li>v. Demands that doctors who take up this facility should be paid at a higher rate to reflect the fact they're not on call from their own home.</li> </ol> |
|   | 10 | A28CC24 | <p><b>Motion</b> by London South RCC</p> <p>This conference recognises that London weighting for consultant pay is not fit for purpose anymore. Travel, accommodation, rent, communication, subsistence and university debts mean that the percentage of the monthly wage, that has been eroded year on year, needs to be recalculated.</p>  |

## LUNCH BREAK 12.20 – 13.00

## Panel Session and Q&A: *Negotiations and Consultant Pay Offer* 13.00 – 14.50

## Healthcare Policy 14.50 – 15.10

\* 11 A47CC24

**Motion** by Mersey and Cheshire RCC

This conference notes the increase in demand for acute psychiatric beds over the past decade. The lack of availability of beds has led to a backlog of patients waiting in A&E for unacceptable long period of time, posing a significant risk and distress to patient with negative impacts on their wellbeing and prognosis.

This conference condemns the practice of allowing patients to remain in A&E for indefinite periods and calls for penalties to be applied where waiting times are breached.

## BREAK 15.10 – 15.20

## Regulation 15.20 – 15.40

\* 12 A45CC24

**Motion** by Imperial College Healthcare NHS Trust LNC

This Conference:

- i. Notes multiple ongoing serious problems between the GMC and the profession it regulates, where the GMC is not dissuaded from its course of action by the concerns of doctors and medical students
- ii. Believes that the GMC should not regulate PAs/AAs
- iii. Notes previous BMA policy calling for radical restructuring of the GMC (including the dismissal of its leadership team) to address inter alia issues relating to BME doctors and doctors under investigation
- iv. Notes previous BMA policy calling for an elected medical majority on the Council of the GMC
- v. Notes the increasing weaponization of GMC referrals in online and offline interactions with doctors
- vi. Notes that repeated expressions of no confidence in the GMC have not resolved these problems
- vii. Calls for the BMA to organise a coordinated threshold commitment to withhold GMC annual retention fees unless BMA Council is satisfied that sufficient action to resolve the above issues is underway by ARM 2025.

## Physician Associates (open mic session) 15.40 – 16.00

- \* 13 A40CC24 **Motion** by London South RCC  
This conference recognises the value of a mixed workforce but maintains the need for the reform of the Physicians' Associate (PA) role.  
We believe:
- i. The physician associate's role is to assist doctors.
  - ii. The term "physician associate" should be replaced by "physicians' assistant".
  - iii. Regulation of physicians' assistants should be by the Health & Care Professions Council not the GMC.
  - iv. Supervision of physicians' assistants should be optional, and exclusively by consultants who have appropriate time in their job plans.
  - v. Physicians' assistants should not receive training opportunities at the expense of doctors in training.
  - vi. We reject the concept of autonomous practice for physicians' assistants and the 4 Tiers of practice described in the GMC consultations on PAs.
- We call on BMA Council to prioritise these principles in consultations & negotiations with the Government.
- 14 A27CC24 **Motion** by West Midlands RCC  
This conference calls for secondary care consultants to not supervise and/or work with physicians' assistants students until:
- i. they are properly regulated by an appropriate professional regulatory body
  - ii. required to pass a national competency exam with input from the appropriate regulator and medical royal colleges

## 15 Chosen Motion 16.00 – 16.20

## 16 Emergency Motion 16.20 – 16.40

## A motions 16.40 – 16.50

- A 17 A19(a)CC24 **Motion** by North West RCC  
This conference urges the BMA to support the BMJ's Commission on the Future of the NHS at a time when the NHS is under its gravest threat.
- A 18 A13CC24 **Motion** by North West RCC  
This Conference would like CC Negotiating Committee to continue to negotiate with Government for a better pay restoration offer.
- A 19 A15CC24 **Motion** by North West RCC  
This conference:
- i. Supports the freedom of consultants to undertake private practice
  - ii. Supports their right to contract with patients directly and to freely set their fees without restrictive interference from independent provider

- A 20 A41CC24 **Motion** by East Sussex Healthcare LNC  
This conference calls on the BMA to lobby that if a Lifetime Allowance is ever reintroduced for pension savings that the limit should be set well above that which is likely to be achieved by a person through their NHS career earnings and contributions.
- A 21 A18(a)CC24 **Motion** by North West RCC  
This Conference strongly believes that achieving success in negotiations at grass roots level in hospitals is only possible by strengthening the hand of LNCs with much stronger support frameworks agreed between the BMA and NHS Employers.
- A 22 A20(b)CC24 **Motion** by Yorkshire RCSC  
That this conference believes that with 2024 being the election year that BMA must be ready to expose any incongruous political claims regarding NHS made by all political parties in their manifestos or their election campaign.

## **ANY OTHER BUSINESS**

### **16.50 – 16.55**

## **CLOSE**

### **16.55 – 17.00**

## GREY MOTIONS

- 23 A6CC24 **Motion** by Oxford RCC  
This conference calls upon the BMA as a responsible and supportive trade union and professional body to survey the Wellbeing of its overall membership at least every 3 years using standardised measures and appropriate methodology.
- 24 A52CC24 **Motion** by Barnsley Hospital NHS Foundation Trust LNC  
This conference believes that there is increasing pressure of work on the consultants and more support should be provided by the NHS in terms of resources and juniors. We call on the BMA to help entry of more international doctors and support them through mentoring locally employed doctors so that they can be a constant support for the consultants.
- 25 A19(b)CC24 **Motion** by North West RCC  
This conference acknowledges that the impact on the mental health of doctors in all areas due to Covid-19, workforce shortages, burn out, moral injury and often, poor employer support, is leading to stress, depression and, sadly, suicide in extreme cases. We urge the BMA to conduct a survey of all members to establish the state of their mental health and what support they might feel would be useful.
- 26 A17CC24 **Motion** by North West RCC  
This Conference, in the light of the tragic Letby scandal, demands wholesale reform of the Care Quality Commission to make it far more responsive to concerns raised by consultants and all healthcare professionals.
- 27 A10CC24 **Motion** by Oxford RCC  
This conference calls for mental health services to be developed and run to be within NICE guidance and to be able to deliver NICE guidance-based interventions, with overall leadership generally provided by consultant psychiatrists.
- 28 A26CC24 **Motion** by Southern RCC  
That this conference notes the ongoing media and political pressure to legalise assisted dying in the UK, and the assumption that this will be carried out in health care facilities.  
  
It further notes the clear evidence from the BMA's 2020 assisted dying survey, which shows most doctors, and an even greater majority of consultants, are unwilling to either be involved in the prescribing of drugs for assisted suicide or in performing euthanasia.  
  
It reaffirms the Hippocratic principle of "doing no hurt or damage to our patients and refusing to administer poison to anyone".  
  
It urges the BMA to ensure that consultants are not expected to be involved in provision of assisted dying in any way."
- 29 A12CC24 **Motion** by Birmingham ROH  
This conference supports creation of a medical staff advisory group to hold hospital managers to account.
- 30 A22CC24 **Motion** by SWRCC  
That this conference believes that if the April 2024 pay uplift is not clearly independent of any government influence then industrial action based on the current mandate be immediately enacted.
- 31 A20(a)CC24 **Motion** by Yorkshire RCSC  
That this conference believes that England & Northern Ireland, Wales and Scotland BMA consultant non contractual rate cards have been a real success, and it calls on the Consultant Committee to continue to support it and work to get it adopted by all employers in the United Kingdom.

- 32 A18(b)CC24 **Motion** by North West RCC  
This Conference accepts and is concerned that some Trusts are continuing to manipulate extra contractual remuneration to the detriment of hospital doctors. It demands that the BMA puts appropriate support in place to counteract such disingenuous practice.
- 33 A30CC24 **Motion** by London South RCC  
This conference recognises that the Study Leave Budget for a consultant barely covers the cost of the course fees that are compulsory for CPD. It has remained the same for 20 years, and in many Trusts has been reduced, or a portion has been shared to other senior colleagues in even greater need. With the attrition in pay, and increasing cost of travel and hotel accommodation, the BMA Consultants' Committee needs to gain a better budgetary provision from NHS employers for decent CPD activities to be accessible to consultants, without repetitive, regular personal sacrifice.
- 34 A29CC24 **Motion** by London South RCC  
That this conference calls on the BMA to lobby for 20% of every NHS worker's total student debt to be cancelled at the end of each year that worker has completed working for the NHS.
- 35 A16CC24 **Motion** by North West RCC  
This conference believes that the Consultants Committee should not deviate from the current NHS contracts without referring to the wider consultant membership.
- 36 A14CC24 **Motion** by North West RCC  
This Conference believes that the Consultants Committee should continue to support Post Graduate Doctors in Training in their campaign for better pay.
- 37 A24CC24 **Motion** by SWRCC  
This conference believes that if this Government or any subsequent government reneges on thorough and effective DDRB reform with demonstrable progress to correcting historic pay loss that there is a mechanism agreed by the BMA Consultants Committee for immediate re-balloting and further industrial action.
- 38 A34CC24 **Motion** by East Sussex Healthcare LNC  
This conference calls upon the BMA Consultants committee to:
- i. Demand that all roles advertised for Consultants in Trusts, other organisations or nationally, should be advertised welcoming role-sharers and should have a deputy wherever possible;
  - ii. Demand that all roles advertised for Consultants in Trusts or nationally, should have adequate administrative support, should have adequate and clear time allocated and/or financial benefit made clear.
  - iii. Demand that all roles advertised for Consultants in Trusts, other organisations or nationally, should also explicitly invite applications from Specialists and senior SAS doctors.
- 39 A31CC24 **Motion** by East Sussex Healthcare LNC  
That this conference calls upon the BMA Consultants Committee:
- i. to be active in support for improved terms and conditions of Doctors in Postgraduate training; to explain to involved organisations that these are the Consultants and GPs of the future, that half of them are women, and that this compulsory phase of their career needs better funding and support.
  - ii. to demand a rapid substantial increase in training numbers to improve future delivery of care by Consultants and GPs, and to reduce the burden on doctors going through training.

- 40 A54CC24 **Motion** by Northern Ireland Consultants Committee  
That this Conference notes the difficulty with recruitment and retention of consultants across UK nations due to pay erosion and poor working conditions, and the moral injury sustained by those working in under-staffed and under-resourced areas within the Health Service. We call on the BMA to stop promoting medicine as a career to school leavers.
- 41 A55CC24 **Motion** by Northern Ireland Consultants Committee  
This conference is concerned that the GMC's document The state of medical education and practice in the UK: Workforce 2023 demonstrates that the numbers of licensed doctors on the specialist register for Occupational Health has continued to fall and was 11% lower in 2022 than in 2018.  
  
We call on the BMA to lobby stakeholders for an increase in training numbers and investment in this vital specialty for ensuring the health and wellbeing of all healthcare staff.
- 42 A56CC24 **Motion** by Northern Ireland Consultants Committee  
This conference notes the previous benefits of local recruitment processes for more remote geographical areas of the UK, and how these have been damaged by the national recruitment process for specialty training. Locally run recruitment processes improve engagement from consultants, and result in trainees being more involved in selecting their place of work based on their track record of training. We call upon BMA to lobby HEE and other stakeholders to cease national recruitment and return to local processes to ensure that recruitment of future consultants can be provided equitably across all UK nations.
- 43 A8CC24 **Motion** by SWRCC  
That this conference notes the confusion that has been caused by the BMA's intention to discontinue the use of the term "junior doctor" in all forms of communication and replace them with the term "doctor" and calls upon the BMA to require the Junior Doctors Committee to continue to reference themselves as such, until any name changes have been formally incorporated into the BMA's Articles and Bylaws.
- 44 A9CC24 **Motion** by Manx Care LNC (Isle of Man)  
This conference notes with concern the indiscriminate use of the title 'Consultant' by non-medical practitioners in NHS Trusts around the country, potentially causing confusion amongst patients and the general public.  
We ask the BMA to take steps to:  
i. Protect the title 'Consultant' when used as a standalone title in healthcare settings,  
ii. Protect the title 'consultant' when used as a prefix (e.g. Consultant Physician, Consultant Surgeon etc.) to colleagues who are Registered Medical Practitioners whose names are entered on the specialist register of the GMC. We accept the use of the title as a suffix as it is widespread in and out of healthcare settings (e.g. Landscape Consultant, Electrical Consultant, Management Consultant etc.).
- 45 A50CC24 **Motion** by Mersey & Cheshire RCC  
That this conference notes the title 'manager' used in the secondary health care setting by non-clinically trained individuals potentially implies a position of power allowing NHS hospital managers to instruct doctors on how to do their work or even make/override clinical decision making. While the title manager may serve a purpose in some areas of non-clinical administration, the role of the 'manager' is necessary to support the doctor to do their work for the benefit of the patient rather than instruct the doctor how to do their work.  
  
In view of this it is suggested that the BMA promote the term 'facilitator' rather than 'manager' for non-clinical managerial staff, identifying their role as supportive rather than that of directive.

- 46 A48CC24 **Motion** by Mersey & Cheshire RCC  
This conference notes with concern the indiscriminate use of the title 'Consultant' by non-medical practitioners in NHS Trusts around the country, potentially causing confusion amongst patients and the general public. We ask the BMA to take steps to protect the title 'Consultant' when used in healthcare settings, for those who are Registered Medical Practitioners whose names are entered on the specialist register of the GMC.
- 47 A39CC24 **Motion** by East Sussex Healthcare LNC  
This conference asks that the BMA-CC:  
i. Formally welcomes the 'Doctors' Assistant' role at a Senior HealthCare Support worker level and promotes it to other organisations and to individual members.  
ii. Demands increased secretarial hours and 'Doctors' Assistants' to work alongside Consultants and other doctors.  
iii. Request that the DHSC workforce team formalise the adaptation of the Senior Healthcare Support Worker apprenticeship to have an option of 'Doctors' Assistant', for those who have been HealthCare Assistants, accepting that they may go further into  
iv. Work with organisations as needed to see how the 'Doctors' Assistant' role could be a means of medical students or Clinical Attachment students to earn money doing shifts.
- 48 A33CC24 **Motion** by East Sussex Healthcare LNC  
That this conference calls for the BMA to lobby for a pause in the further roll-out of roles in primary care traditionally performed by doctors being carried out by people without a medical degree until there has been a robust audit of safety, cost-effectiveness, training and staffing implications.
- 49 A25CC24 **Motion** by Southern RCC  
This conference believes that consultants conference is a more appropriate forum than the annual representatives meeting for the election of consultant representatives to UKCC. We demand that the BMA make the necessary changes to discontinue election of UKCC members from the ARM and move those seats on UKCC to be elected from consultants conference.
- 50 A44CC24 **Motion** by Imperial College Healthcare NHS Trust LNC  
This Conference:  
i. Notes that there are many and various wrongs being done to doctors by individual employers which are not always resolvable by law or contract enforcement  
ii. Notes the effectiveness of collective action at achieving improvements to terms and conditions and in resolving workplace disputes in workers' favour around the world  
iii. calls on the BMA to prepare LNCs and other local structures to be able to take local collective action, including industrial action where needed, by ARM 2025.
- 51 A36CC24 **Motion** by East Sussex Healthcare LNC  
That this conference calls upon the BMA Consultants Committee to:  
i. Contact every consultant member and explain how the BMA is responding to the Romney review and what the BMA is doing to reduce sexism.  
ii. Contact every consultant member and explain what each of them can do to reduce sexism in the NHS.
- 52 A51CC24 **Motion** by Mersey & Cheshire RCC  
This conference believes that the BMA should refuse to engage with the Sun newspaper other than when demanding apologies and corrections. All interviews and requests for comments should be refused and Sun journalists should not be permitted to attend any BMA events e.g the ARM.



- 53 A32CC24 **Motion** by London South RCC  
This conference calls for the BMA to publish and promote clear guidelines for the minimal requirements that a Trust must provide when changing to EPR or a new IT system. A few hours of generic training is not sufficient to prepare a consultant on how to perform their regular duties electronically. Reducing clinic patient numbers and cases for two weeks is not enough time to get used to the new software and create all the preconfigured documents necessary. More SPA needs to be dedicated to the situation so that nuanced requirements of each speciality can be sorted out before it is launched with real patients. Real dangers arise otherwise with results not going to the relevant clinician.
- The BMA needs to insist on more interface between the Consultants and local designers as they are the generation with huge experience in efficiency and workflow and have the lesser capacity for changing established and embedded practices.
- 54 A11CC24 **Motion** by Birmingham ROH  
That this conference supports inclusion of BMA consultant or medical staff representatives on hospital boards.

## Appendix 1

### Consultants conference resolutions 2023

**Please note that we are only part way through the session and accordingly, not every resolution from last year's conference has been fully actioned yet. We ask that you take this into account when considering the below update.**

5 A4CC23

**Motion** by North West Regional Consultants Committee

That this conference condemns Trusts which seek to hide behind ICS structures and policies and affirms that the BMA must insist that relevant local negotiations remain local, and within the sole remit of JLNCs.

The BMA is continuing to stress the need for national bodies, ICBs, and Trusts to fully respect the role of local negotiations and the role of JLNCs within them. This issue remains a core part of our ongoing lobbying strategy regarding ICBs and national policy on their development, as part of which we continue to stress that ICBs should not override or undermine local negotiations.

6 A31CC23

**Motion** by Mersey Regional Consultants Committee

That this conference notes the apparent erosion of respect for doctors in health care has led to a 'normalised' subservient position of the doctor in a managerial led health care system. Often this appears to lead to bullying tactics by managers within Trusts, burn out/exhaustion, significant moral injury from difficult decision making under extreme pressures and an overall demoralised workforce.

We ask the BMA to:

- i. provide guidelines to support consultants working with non-clinical managers requiring accountability of the actions of non-clinical staff in clinical matters, including extremes such as corporate manslaughter where clinical decisions are made by non-clinical managers in the event of deaths.
- ii. facilitate more doctors to become leaders in local policy making, using lessons learned from the development of the BMA rate card
- iii. support the consultants having influence in the workplace and to use this to direct decision making and policy development

#### **TAKEN IN PARTS: STEM – CARRIED, 1 CARRIED AS A REFERENCE, 2 AND 3 CARRIED**

In July 2022 the Consultants Committee published [the Consultants Charter](#). The Charter provides an overview of the standards consultants should expect employers to meet as well as addressing good practice in job planning, how to conduct effective appraisals, the management of working patterns, safe working and flexible/working less than full time arrangements.

The aim of the Charter is to empower consultants seeking to address workplace issues with their employer, while also assisting the work of local negotiating committees who ensure terms and conditions are met at trust level. Specifically, the Charter focuses on consultants as clinical leaders and their importance as innovators in service development and emphasises that employers should recognise and engage with staff representatives, such as LNC Chairs and BMA officers, who will often be consultants, when considering service redesign.

2023 proved to be an incredibly significant year for consultants and LNCs played a critical role in the ballot for industrial action, the rebalot process and the referendum on the consultant pay offer. Throughout, LNCs have been local leaders, helping to drive engagement with members and provide a highly effective link between the Consultants Committee and our grassroots doctors. LNC chairs have continued to provide important feedback with regards to perspectives on the ground while supporting the work of the Consultants Committee.

In 2024, the Consultant Charter will be refreshed and relaunched. This update will seek to build on and develop the progress that has been made by LNCs and further cement the important role they play in local policymaking and negotiations with Trusts. It will include new sections given changes over the past two years as well as RAG ratings in order to expand on the existing framework and further enable consultants to feel empowered in their professional life. The refresh will include input from specific Trusts as a means of defining these RAG ratings.

7 A22CC23

**Motion** Northern Ireland Consultants Committee

That this conference feels that working in the NHS (and devolved equivalents) is increasingly unattractive for doctors, with many choosing to leave the health service or the UK to pursue their chosen vocation. We call on the BMA to develop specific guidance for members to aid job applications:

- to include relevant contacts and advice regarding medical regulation in the specific country
- links to required bodies responsible for recruiting overseas doctors
- and other relevant information required to help doctors make an informed decision about their career.

This guidance should be tailored towards:

- i. the top 5 countries that UK doctors leave to practice in (as informed by annual GMC data)
- ii. the UK private sector.

The BMA provides [comprehensive guidance](#) to members seeking to establish a private practice or to work in the private sector. This includes [specific guidance for consultants](#) which sets out the rights and responsibilities of consultants in relation to private practice, as well as addressing issues of conflicts of interest. This guidance has been regularly reviewed and updated.

The PPC (private practice committee) also considers and reports on matters of concern to those working in private general and consulting practice. The committee engages with key stakeholders in private healthcare to represent the views of the profession.

The BMA website provides guidance on [working abroad as a doctor](#) including specific advice with regards to [contracts](#). This guidance is also reviewed and updated.

8 A18CC23

**Motion** Northern Ireland Consultants Committee

That this conference calls on the Department of Health in Northern Ireland to finally admit that the Health and Social Care service has collapsed and is failing patients and the staff who work there. We call on them to immediately take responsibility for this by:

- iv. Informing the public that the current service is not meeting the needs of the population
- v. Benchmarking the current and future service provision against the same key performance indicators as the rest of the UK
- vi. Bringing in relevant outside expertise to help stabilise the HSCNI
- vii. Prioritising clinical need and patient safety in delivering services
- viii. Ensuring transparency in decision making and funding allocation
- ix. Prioritising the wellbeing of staff.

There has been no functioning Executive in NI for two years which has effectively tied the hands of the DoH NI. However, we have continued to highlight the difficulties and challenges facing the Health and Social Care service. We have illustrated to the DoH and the public that the HSC has collapsed and is failing patients and the staff who work there.

9 A27CC23

**Motion** by Wales Consultants Committee

This conference notes that the traditional working model in hospitals has changed with working in hubs and on more than one site. This has led to loss of office space, private areas for reflection/discussion. Furthermore, on wards there is frequently nowhere to be able to have a private conversation with a patient and family. There is also a complete lack of space for doctors to rest, recover after a busy/tough session with some resorting to sitting in changing rooms for a brief moment of respite.

This conference therefore calls for the:

- i. Provision of dedicated office space/relatives' room on a ward for doctors to be able to have confidential discussions with patients and families.
- ii. Provision of dedicated office space for consultants as set out in The Royal College of Physicians Guidance.
- iii. Provision of senior doctors mess/dining room for them to rest/recover whilst on a busy

The lack of office space, private areas for reflection/discussion has been raised at meetings of the Medical and Dental Business Group, which consists of representatives from Welsh Consultants Committee, Welsh Government and NHS(W) Employers where it was agreed to refer the motion to the Recruitment and Retention Subcommittee for discussion with HR representatives of Health Boards. This issue has also been raised at an LNC where the WCC motion was used to outline the strong sentiment of our members regarding lack of office space for doctors.

The BMA has continued to demand major improvements to existing NHS estates, including the provision of dedicated office and rest space for doctors. This builds on our report [Brick by Brick](#) which set out the clear impact a lack of rest and office spaces has on frontline doctors. We recently reiterated this call in our [evidence submission](#) to a House of Commons Public Accounts Committee inquiry into the New Hospitals Programme. The Healthcare Delivery team is also currently developing further work on NHS estates, with an explicit focus on the need for private areas, office space, and rest space for doctors working in hospitals.

10 A17CC23

**Motion** by North East London Regional Consultants Committee

That this conference supports the statement of Dr Hilary Cass in the Interim Cass Review, that there are divergent views about how gender incongruence and gender related distress in children and young people should be interpreted and clinically managed and that encouraging discussions in a safe and respectful manner so that progress can be made in finding solutions is key.

This conference asks the BMA to facilitate respectful discussion of the issues raised in the Interim Cass Review.

We have engaged with BMA members to understand the breadth of views on this subject area.

The BMA has responded to the NHS England consultation on the interim service specification for specialist gender dysphoria services for children and young people. In our [response](#), we highlighted that access to specialist services to support children and young people is unacceptably poor. We noted our concerns with the proposals set out by NHS England and emphasised that any changes to provision must not adversely affect either patients or the healthcare professionals responsible for their care. Our response was shared with committees for feedback ahead of submission.

The BMA has developed a briefing on the Cass Review, which was shared with committees at drafting stage to ensure that the views of elected members would be included.

We are currently drafting a response to the NHS consultation on [the referral pathway into the Children and Young People's Gender Incongruence Service](#). This will also be shared with committees for feedback. We will ensure that members' views are meaningfully represented in our response.

11 A24CC23

**Motion** by Imperial Local Negotiating Committee

That this conference believes that Physicians Associates (Anaesthesia) are not the same as medically-qualified anaesthetists (while respecting and recognising the skills that PA(A)s do have), and that the safe model of anaesthesia developed over many years is being undermined because of a worsening medical workforce shortage and cost pressures, and furthermore:

- i. calls on the Royal College of Anaesthetists to change its current approach from one of accommodation of PA(A)s to one of demanding that anaesthetic understaffing be dealt with by training more anaesthetists, not replacement by a different staff group
- ii. calls on the GMC to require PA(A)s and anaesthetists as part of the anaesthetic consent process to make it clear to patients if the person who will be the immediate provider of anaesthesia to them is not medically qualified
- iii. calls on HEE to explicitly commit to training far more anaesthetists and far fewer PA(A)s with immediate effect, notwithstanding commitments made to people already in PA(A) training courses now.

The following was passed at the RCoA EGM on 17.10.23:

The Council is advised to ask the Clinical Directors network to pause recruitment of AAs until the proposed RCoA Survey and Consultation is complete and the impact on doctors in training has been assessed and reviewed.

The Council is advised to ask the College Tutors (CTs) and Regional Advisors (RAs) to ensure that doctors-in-training are given priority over AAs in their exposure to training opportunities. If CT/RAs find that is not the case then they should feed this information back to the Training Department, in order that the training capacity of that hospital be reviewed.

A GMC statement from 24th October contains the following:

PAs and AAs are distinct professions. They are not doctors. As regulated professionals, PAs and AAs will have a responsibility to clearly communicate who they are, and their role in the team, just as doctors must do now. In Good medical practice 2024 we say: "You must always be honest about your experience, qualifications, and current role."

New guidance on 'titles and introduction' from the Faculty of Physician Associates (FPA) gives PAs, supervisors, employers and organisations a structured and standardised way of using the physician associate title and highlights the importance of explaining it.

If someone is falsely using a protected title or implying they are a licensed doctor when they are not, we have powers to act. These range from sending cease and desist letters to a referral to the police. Anyone can report a concern about unregistered medical practice using the information available on our website.

HEE no longer exists, but there have been no relevant updates on workforce planning since the Long-Term Workforce Plan was published.

12 A35CC23

**Motion** by Consultants Conference Agenda Committee

That this conference notes with dismay that since 2008/09 consultants have experienced a nearly 35% fall in real terms take-home pay on average, and believes that Industrial Action may well be inevitable. We call upon the BMA to:

- i. continue to convey the anger among consultants regarding sequential below inflation pay rise to the governments of the UK and Devolved Nations, and demand pay restoration in real terms;
- ii. ballot its Consultant Members employed by the NHS in England for Industrial Action;
- iii. support the Devolved Nation Consultant Committees in whichever strategy they decide to take;
- iv. to ensure that members have been explicitly and comprehensively briefed about their rights and responsibilities, should Industrial Action take place, extending to information available on the BMA website, as well as direct member communications.

The UK consultants committee has been, for a number of years now, running a campaign to inform consultants in the UK of the state of their pay and pensions and demanding that Governments across the UK take meaningful steps to address the real terms erosion that consultants have experienced and reform the DDRB that has overseen this. Apart from withdrawing from the DDRB in 2021 to highlight our anger that no meaningful steps have been taken, we published a report on the failings of the DDRB highlighting how the four Governments have interfered in the ostensibly independent process leading to consultants experiencing the worse pay erosion across all public sector workers.

Alongside this, and since numerous attempts to resolve our dispute with the Government over pay through negotiations, we were left with no other choice but to ballot consultant members in England for industrial action for the first time in May/June 2023.

Out of the 33,915 consultants entitled to vote, 24,106 votes were cast (71.08% turnout), a significant increase to those who participated in the consultative ballot in February. 86% of those who voted in the legal ballot voted in favour of strike action. Since then and following four rounds of successful industrial action we successfully re-ballotted members in England again in December 2023 to ensure we have a mandate to undertake further industrial action in the event we are not able to resolve the dispute through negotiations.

Throughout this period we have developed extensive resources for members outlining their right and responsibilities during industrial action and as result members feel empowered and well supported leading to very high levels of participation on strikes making action particularly effective. What is more, support from the public remains high as we have ensured that our strike action is safe both for doctors and for patients.

Finally, the UK consultant committee has been coordinating with all consultant committees in the devolved nations sharing resource and expertise in progressing the consultant campaigns across the UK.

17 A32CC23

**Motion** by Mersey Regional Consultants Committee

This conference acknowledges the breakdown of national negotiations regarding the successor scheme for Local CEAs at this time. But calls on the BMA to provide LNCs with guidance on developing local competitive award schemes in those Trusts that are unwilling to continue with equal distribution of CEA funds.

In the absence of a national agreement, local rounds will be determined by local agreement at the Joint Local Negotiating Committee (JLNC). We believe that all LNCs should seek to reach agreement locally for the continuation of the equal distribution mechanisms as seen in previous rounds. It is the view of the BMA UK consultant committee, which is confirmed by our engagement with grassroots consultants, that the majority of consultants believe this to be the fairest way to distribute funds for the time being.

At present, this approach would create little additional administrative burden for employers and consultants, who will otherwise continue to focus on addressing the growing backlog of care, as the mechanisms for equal distribution are now well embedded and practised. There is no need to design and form a panel or design a scoring system. Employer time and resources can instead be directed towards ongoing pressures in the NHS. Equal distribution means all consultants are rewarded for the work they do, impacting on morale and wellbeing in a positive way at a time when many consultants have indicated they are likely to retire early or seek work outside of the NHS.

NHS Employers have published a [briefing](#) which reiterates employers' contractual obligations, as set out in Schedule 30 of the [2003 consultant terms and conditions of service](#). It should be noted that the guidance places no obligations on employers about how a scheme should be designed and even notes that maintaining an equal

distribution of available funding among all eligible consultants 'would be a quick and easy way to distribute funds'. However, we appreciate that despite our position some Trusts locally have been unwilling to continue with equal distribution of funds. The UK consultants committee has published guidance for industrial relations officers which has been shared with LNCs that have to deal with trusts that want to run competitive rounds. The guidance provides helpful advice as to how to mitigate the concerns we have with the process. The BMA has also made clear that we will review local polices and determine on a case-by-case basis whether there are grounds to challenge polices that are indirectly discriminatory.

25 A9CC23

**Motion** by North West London Regional Consultants Committee

That this conference believes that the BMA is the national medical association recognised by our European partners and European Medical Organisations. UK Consultants involvement in the European Union of Specialists (UEMS) requires adequate support and funding. However, the current process of appointing Head and Deputy Head of UK Delegation to UEMS is from a narrow pool of elected Consultant members. To ensure a greater number of BMA consultant members can be considered for these positions (in addition to the currently accepted criteria of Consultant members to specific BMA committees) this conference calls on the BMA, the BMA Organising Committee and Appointments Committee to expand the pool of possible nominees to these appointments by:

- i. Allowing BMA Consultants with suitable experience to be elected for final nomination.
- ii. Allowing an "election of nominees" of BMA Consultants at UK Consultant Conference and at ARM
- iii. Fixing the total number of nominees that can be elected for final nomination for the Appointment's Committee to consider.
- iv. Ensuring the appointments procedure is timely and gives sufficient time for handover

The Consultants Committee plans to work closely with the BMA Public Affairs team to make a submission with regards to this to the BMA Organising Committee and BMA Appointments Committee following more in-depth discussion of the issue within the BMA more broadly and other interested stakeholder groups.

29 A25CC23

**Motion** by Imperial Local Negotiating Committee

That this conference believes that suspension is not a neutral act, that justice delayed is justice denied, and that the presumption of innocence underpins our notions of justice. We call on the BMA to campaign for:

- i. the GMC to introduce a time limit on investigations such that if a complaint or raised concern has taken more than nine months to progress to a hearing, the proceedings must be dropped and the complaint or concern recorded as "dismissed" or some other indicator that maintains presumption of innocence;

BMA policy set at ARM is that all investigations should be concluded in twelve months rather than nine. However, the GMC is unable to act on such calls as it's obligations are set out in the Medical Act and related regulations, so it is unable to implement rigid timescales if these fail to meet it's overarching legal obligations. For information, approx. 90% of all GMC cases are closed within 12 months.

- ii. NHS Employers to issue guidance that suspension from clinical practice should only be used when a clear risk to patient or staff safety is evident and that all suspensions of clinical staff must be personally authorised by the Chief Executive of the employing organisation and require appropriate support to be made available to the doctor as part of the process;
- iii. NHS Employers to issue guidance that suspensions of doctors should expire after eight weeks and require a hearing convened as per a disciplinary hearing to renew the suspension if required

**TAKEN IN PARTS: (i) and (ii) – Carried, (iii) – CARRIED AS A REFERENCE**

## Appendix 2

### Consultant's conference standing orders

#### 1. The UK Consultants Conference

The BMA Consultants Committee (CC) shall convene each year a conference of representatives of consultants. The Conference shall be held on a date to be determined by the CC. The Conference shall be known as the UK Consultants Conference.

CC may convene one or more extra conferences at dates to be determined by the CC and Conference Agenda Committee. Such a conference shall be known as a 'Special Conference' and shall usually be called on matters of policy requiring expedient decisions of the representatives of consultants, specialists and Senior Hospital Medical Staff.

#### 2. Members of Conference

The Conference shall be composed of voting and non-voting consultant representatives.

Voting members:

- One consultant representative elected by each NHS Medical Staff Committee or equivalent in the United Kingdom or, where a Medical Staff Committee is not active, the relevant Local Negotiating Committee.
- All voting members of the Consultants Committee.
- For the 2023/24 session, outgoing consultant members of the Committee for Medical Managers<sup>1</sup>
- 3 consultants elected by the Medical Women's Federation.
- The Chair and Deputy Chair of the Consultants Conference (from the previous year's Conference election). All members of the Conference Agenda Committee.

Non-voting members:

- All non-voting members of the Consultants Committee if not otherwise specified below.
- 1 non-voting consultant representative from each organisation that represents doctors from minority groups; the organisations to be those on the list published by the BMA Equality and Diversity Committee.
- 2 General Practitioners appointed by the General Practitioners Committee of the BMA.
- 2 Junior Doctors appointed by the Junior Doctors' Committee of the BMA.
- 2 SAS Doctors appointed by the SAS Committee of the BMA.
- 2 consultants appointed by the British International Doctors Association.
- 1 consultant representative of the Academy of Medical Royal Colleges.

In the event of there being spare places available, these will be allocated on a regional basis to any consultant who wishes to attend.

#### 3. Appointment of Deputies

- i. Deputies may be appointed for each representative. They may attend the Conference and act as a representative should the appointed representative be unable to attend.
- ii. The responsibility for appointing deputies shall lie either with the body that appointed the representatives or, in the case of regional and national members of the CC, with the relevant regional or national committee. A regional or national committee may, if it wishes, delegate to the CC the responsibility of finding a deputy, who may be appointed from outside the region or nation.
- iii. Deputies for those members of the CC elected by the Representative Body shall be appointed by the CC for the representatives from England and by the relevant national consultants committee for the representatives from Scotland, Wales and Northern Ireland. British Medical Association Consultants conference agenda 2021 33

<sup>1</sup> The Conference Agenda Committee will look at a more permanent arrangement for representing consultant medical managers within the BMA in the next session.



#### 4. Interpretation of 'Representatives'

Wherever in these Standing Orders the words 'Representative' or 'Representatives' are used they shall mean Representatives appointed under Standing Order 2 and shall include the Deputy so appointed under Standing Order 3 for any Representative who is absent.

#### 5. Eligibility of Representatives

All voting representatives shall at the time of their election be medical practitioners who are or who have within the preceding six months been under contract as a consultant as defined from time to time within the Articles and Bye Laws of the BMA/Standing Orders of the CC.

#### 6. Tenure of Office of Representatives

The Representatives elected to act at the Annual Conference shall continue to hold office until the commencement of the succeeding Annual Conference, unless the CC is notified to the contrary by the Committee or Subcommittee concerned.

#### 7. Composition of the Agenda

- a. Motions, amendments and riders for the Conference Agenda may be submitted by Medical Staff Committees (or LNCs), the regional and national consultants committees and the CC, its subcommittees and the specialty leads. Motions, amendments and riders submitted to the Conference Agenda must include a proposer and seconder from the constituent body with the exception of motions, amendments and riders submitted by specialty leads. The seconder for a motion, amendment or rider submitted by a specialty lead should be seconded by a consultant from the same broad specialty. The proposer and seconder must include contact details when the motion is submitted, including their email address and/or their phone number.
- b. Subject to the next following subsection, there shall not be included in the Agenda any motion which has not been received by the Secretary of the CC by a date to be determined annually by the CC. Any amendment or rider (submitted by a Committee or Subcommittee) to any items on the Agenda must be notified to the Secretary of the CC by 12 noon on the Friday of the week preceding the week in which the Conference takes place.
- c.
  - i. There may be included in the agenda such other motions, amendments or riders (or composite motions, amendments, or riders as the case may be) which have been set down for consideration by the ARM of the BMA, as may be recommended by the Conference Agenda Committee or Joint Agenda Committee to facilitate debate on matters pertaining to the business of Conference.
  - ii. There may be included in the Agenda 'topical motions' on events that have occurred since the deadline for motions and before the start of the final meeting of the Conference Agenda Committee before conference. It shall be the decision of the Agenda Committee whether such motions submitted are 'topical' and pertaining to new business which could not have been foreseen prior to the deadline for submission of motions and should be put to the conference for debate. Time shall be set aside in the second session of conference for debate on topical motions. Any amendments or riders to topical motions must be submitted to the Agenda Committee by 11.00am on the day of Conference.
  - iii. Emergency motions on events that have occurred since the final meeting of the Agenda Committee may be submitted to the Conference Agenda Committee. It shall be the decision of the Agenda Committee whether such motions submitted are 'emergencies' and should, therefore, be put to the conference for debate. Amendments to Emergency Motions will only be acceptable if designed to obtain minor textual clarification of the motion.
- d. No motion to rescind any resolution of a previous Conference shall be in order unless it is passed by a two thirds majority of those members of Conference present and eligible to vote. The Chair of Conference shall indicate at the beginning of the debate on those motions which he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority. 34 British Medical Association Consultants conference agenda 2021
- e. In addition to the motions prioritised by the Conference Agenda Committee, representatives will be invited to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Representatives will be invited to indicate up to one item on a form electronically which should be completed and returned in advance on of the morning of Conference. The most popular items selected will then be prioritised for debate under the "Chosen Motions" section of the agenda.

## 8. Motions not published in the Agenda

Motions not included in the Agenda shall not be considered by the Conference with the exception of:

- a) Motions covered by Standing Order 10 (Order of Business), 11 (Time limit of speeches), 14(h) (Motions for adjournment or that the vote be taken), 14(i) (Motions that the Conference proceed to next Business), 22 (Suspension of Standing Orders), and 23 (withdrawal of Strangers).
- b) Motions relating to votes of thanks, messages of congratulations or of condolence.
- c) Composite motions replacing two or more Motions already on the Agenda and agreed by Consultants' Conference Agenda Committee mentioned in Standing Order 7 (a).

## 9. Motions not dealt with

Should the Conference be concluded without all the Agenda having been considered, and motions (except those prefixed by the Agenda Committee with an "A" or "AR" under SO 18c(iii) and (iv)) not considered shall be referred back to the sponsoring constituency. If the sponsoring constituency wishes such a motion to be pursued, it shall be entitled to submit a written memorandum for the consideration of the CC. Any motions prefixed by the Agenda Committee with an "A" or "AR" not considered at the close of Conference shall not require to be referred back to the sponsoring constituency but shall stand as policy of Conference.

## 10. Order of Business

- a) The order of business may, in exceptional circumstances be varied at any time by the vote of two thirds of those present and voting.
- b) Prior to the beginning of debate, representatives will receive the Standing Orders of the Conference and a notification of any amendments. In the event that any representative wishes to raise an objection to the Standing Orders or any amendment thereof, he/ she shall submit his/her request in writing, indicating his/her reasons to the Agenda Committee prior to 5pm the evening before the commencement of the Conference. The Chair shall have discretion to allow the member concerned to address the Conference for not longer than two minutes and shall thereafter ascertain the wishes of the Conference.

## 11. Speeches

- a) Time limit of speeches:
  - i. A Member of the Conference proposing a motion shall be allowed to speak for three minutes.
  - ii. The speech introducing the report of the CC by the Chair (or Deputy) of the CC shall be limited to 10 minutes.
  - iii. During debate of 'P' motions as defined under SO 17(c)(ii) and other open microphone sessions speeches shall be limited to one minute.
  - iv. All other speeches on a motion under debate both for and against, shall be limited to two minutes.
  - v. The Conference may at any time reduce the time to be allowed to speakers and in exceptional circumstances a speaker may be granted an extension of time as Conference permits.
- b) Notification of an intention to speak in any debate (with the exception of open microphone sessions) shall usually be by the filling out of a 'speaker slip' to be handed in to the Agenda Committee before the commencement of debate. Members must indicate on which debate they wish to speak and whether they are 'for' or 'against' or if they are proposing the motion. Under exceptional circumstances and only with the permission of the Chair may members speak during a debate having not filled out a speaker slip.

## 12. Voting

Only 'voting members' of the Conference as defined in SO2 shall be entitled to vote at the conclusion of debates and in elections.

## 13. Mode of Voting

Voting shall be by electronic methods approved by the Conference Agenda Committee from time to time. In the event of an equality of votes, the Chair shall have a casting vote to be used at their discretion.

## 14. Rules of Debate

- a) A Member will address the Chair.
- b) Debates on all motions, amendments and riders shall proceed as follows:
  - a. The Proposer of the motion
  - b. Speakers on the motion (either for or against, generally to be taken alternately)
  - c. The Chair of CC (or their Deputy) and/or Chief Officers to reply to the debate
  - d. The Proposer in reply to the debate
  - e. Voting
- c) A Member shall not speak more than once on any motion, amendment or rider, but the mover may reply at the end of debate, and in their reply shall strictly confine themselves to answering previous speakers and shall not introduce any new matter into the debate.
- d) "P" Motions as defined under SO 17(c)(ii) shall normally be debated as 'open microphone' sessions.
- e) No amendment to any motion, amendment or rider, save those put forward by the Conference Agenda Committee to facilitate debate under SO 7(c) shall be considered unless a copy of the same with the names of the proposer and seconder and their constituencies has been forwarded to the Chair, before the commencement of the session in which the motion is due to be moved, except at the discretion of the Chair. Such late amendments will only be acceptable if designed to obtain minor textual clarification of the motion, amendment or rider. Amendments which substantially change the meaning of the original motion will not be accepted.
- f) Whenever an amendment to an original motion has been moved and seconded, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given. g) If an amendment be carried, the amendment or motion, as amended, shall take the place of the original motion, and shall become the question upon which any further amendment may be moved.
- h) If it be proposed and seconded that the Conference do now adjourn or that the debate be adjourned, or that the vote be taken, such motion shall immediately be put to the vote without discussion, provided always that the Chair shall have the power to decline to put to the Conference the motion that the vote be taken. If a motion that the vote be taken is carried by a two-thirds majority, the Chair of Committee or other duly authorised spokesman of the Committee, shall be permitted to respond and the mover of the original motion shall have a right of reply before the vote.
- i) If it be proposed and seconded that the Conference move to next business without further debate or vote, the Chair shall have power to decline to put such a motion to the Conference. If the motion is accepted by the Chair the proposer of the preceding motion, amendment or rider shall have the right to reply to the relevant debate and the proposal to move to next business before the motion to move to next business is put to the Conference (without prejudice to the right to reply to new matter if the original debate is ultimately resumed). A two-thirds majority of those present and voting shall be required to carry a proposal that the Conference move to next business.
- j) In the event that any member objects to a motion having an "A" or "AR" designation, the "A" or "AR" shall be removed from the motion and the motion will not be debated or passed as policy (unless the motion becomes a chosen motion).

## 15. Election of Chair and Deputy Chair

- a) At each Conference a Chair and Deputy Chair shall be elected who shall hold office from the termination of that Conference until the termination of the next following Conference. All voting members of the Conference shall be eligible for nomination.
- b) Nominations for Chair must be in writing and delivered to the Returning Officer on the day of the Conference.
- c) Nominations for Deputy Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

## 16. **All resolutions passed by the Conference shall lapse as policy after 5 years unless reaffirmed by Conference. The Agenda Committee shall recommend in a motion to Conference those resolutions to be reaffirmed for a further 5 years and Conference shall vote on that motion. Amendments may be put to that motion to exclude or include individual resolutions.**

## 17. Conference Agenda Committee

- a) The Agenda Committee shall consist of:
  - The Chair and Deputy Chair of the Conference
  - The Chair and Deputy Chairs of the CC
  - 6 members elected by the Conference at least one of whom must not have previously been a member of CC or the Conference Agenda Committee
  
- b) Nominations for the Agenda Committee for next year's conference must be handed in electronically before or on the day of the Conference, the voting, if any, taking place during the afternoon session. Any voting Member of the Conference may be nominated for the Agenda Committee.
  
- c) The duties of the Agenda Committee shall be:
  - i. to group items covering substantially the same topic(s) with a bracket, and mark with an asterisk that item which it recommends for debate. If the Committee considers that no motion, amendment or rider in the group adequately covers the ground, the Committee shall have power to draft a composite motion, amendment or rider. The Committee or Subcommittees submitting the motions so grouped shall be informed of the decision of the Agenda Committee, and if anyone raises objection in writing prior to the day of the Conference, the matter shall fall to be decided by the Conference. The mover of an Agenda Committee composite motion shall be the constituency whose motion is first in the bracket immediately below the Agenda Committee's motion;
  - ii. to identify the most important topics in the Agenda, and select for priority in debate an appropriate number of motions or amendments on those topics which it deems of outstanding importance. Such motions or amendments shall be printed in heavy type and be given the prefix "P";
  - iii. to prefix with a letter 'A' those motions which it considers to be reaffirmation of existing policy or which are regarded by the Chair of the CC as being non-controversial, self-evident or already under action or consideration, 'A' motions will not be voted on separately but will be presented in an appendix at the end of the agenda and automatically become policy of the conference;
  - iv. to prefix with the letters 'AR' any motions relating to new matters which the Chair of the CC is prepared to accept for further consideration without debate as a reference.
  - v. to make recommendations to the Conference as to the order of the Agenda, and the conduct of the business of the Conference;
  - vi. to consider, and if thought fit, to make recommendations under Standing Order 7(c).
  - vii. consider those resolutions which are due to lapse as policy and to recommend to conference which of them should continue to be policy. In making their decision the Agenda Committee shall consider whether the resolution has been superseded by events or by new policy or is out of date.
  - viii. to shade grey motions which it considers should not be prioritised for debate. Such motions shall be listed at the end of any relevant timed section of the agenda but not usually debated. These motions are however eligible to be chosen as per SO 7(e).

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## 18. Joint Agenda Committee

The two Representatives of the Conference Agenda Committee to be appointed to the Joint Agenda Committee in accordance with By-Law 53(1) of the By-Laws of the BMA shall normally be the Chair of Conference and the Chair of the CC.

## 19. Visitors to CC

Conference may propose Conference Representatives to CC to take up office immediately after Conference until the following Conference. Any consultant member of Conference may stand subject to the rule that they shall not have previously sat as an ordinary member of CC or as a previous visitor via any other visitor scheme. The number of such Conference Representatives and their method of appointment shall be determined annually by the CC and notified to members of Conference.

## 20. Returning Officer and method of Election

The Secretary of the BMA or a deputy shall act as Returning Officer in connection with all elections. All elections by Conference shall be by the Single Transferable Vote method.

**21. Chair's Decision**

Any question arising in relation to the conduct of the Conference, which is not covered by these Standing Orders, or relates to the interpretation of the same, shall be determined by the Chair, whose decision will be final.

**22. Suspension of Standing Orders**

Any one or more of the Standing Orders may be suspended by the Conference provided that two thirds of those present and voting shall so decide.

**23. Withdrawal of Strangers**

It shall be competent at any time for a Member of the Conference to move that persons who are not Members be requested to withdraw, but it shall rest on the discretion of the Chair to submit or not to submit such motion to the Conference.

**24. Press**

Representatives of the Press shall be admitted to the Conference only on the understanding that they will not report any matters which the Conference decides should be regarded as private.

**25. Quorum**

No business shall be transacted at any Conference unless there be present at least one third of the number of Representatives appointed to attend such Conference.

**26. Minutes**

Shall be taken of the proceedings of the Conference and the Chair shall be empowered to approve and confirm such Minutes.



**BMA**

British Medical Association, BMA House, Tavistock Square, London WC1H 9JP  
[bma.org.uk](http://bma.org.uk)

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