

BMA



Junior doctors conference Agenda and guide

Saturday 8 May 2021,
#JDConf



British Medical Association
bma.org.uk



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Dr Gursharan Johal

Dear colleague,

On behalf of the agenda committee, it is my absolute privilege and pleasure to welcome you all to this year's BMA Junior Doctor Conference.

The last few years have been challenging for junior doctors. The Covid-19 pandemic has stretched our healthcare service to its limits. We have seen our workforce unite in the face of absolute adversity. We faced shortages of staff, equipment, and funding. We forfeited teaching, training, rest, and leave. We worked in unsafe and uncertain circumstances. Some of our colleagues are no longer with us consequently.

Following the cancellation of the BMA Junior Doctor Conference 2020, we on the agenda committee have worked hard to ensure that 2021 does not see the same recurrence. We know that you the members needed a voice more than ever. We are therefore proud that for the first time in conference history, we are able to deliver a virtual conference to you. This has been a huge undertaking, and we thank the staff of the BMA in their efforts and commitment, and the members in their patience. We have ensured that despite this change in format, the First Time Attendees training day occurs as usual, seeing that new attendees feel supported, welcomed, and valued as much as ever. We have safeguarded conference election processes, ensuring grassroots elections still occur. We have worked hard to bring you a conference platform that works efficiently and in the same format and structure that conference traditionally relies upon, as per the Standing Orders.

But moreover, we on the agenda committee have worked hard to bring you a conference that gives the members as much of a voice as possible. Despite the challenges of this year, we have ensured an agenda in which half the motions are voted for and chosen by not just the conference attendees - but all junior doctor members of the BMA. We have adapted Standing Orders to lessen top table commentary, putting your voices at the centre of debate and policy formation.

This is not the conference we anticipated or hoped for. The agenda committee certainly hoped to achieve more in allowing for grassroots input and ownership. However, given the challenges of the last two years, we sincerely hope that what we have brought to you is a conference that - more than ever - is fit to represent you, make your voice heard, and create policy that is for junior doctors, by junior doctors.

A handwritten signature in black ink, appearing to be 'GJ' with a flourish.

Dr. Gursharan Johal,
Chair, Juniors Conference 2021



Practical information

The Conference live stream will begin at 9.00am

Don't forget the teach-in session will begin at 9.15am.

If you have a question at any point in the day, conference agenda committee (AC) members and BMA staff are on hand to help. Use the questions function on the conference platform to submit questions and we will get back to you as soon as possible.

As the media may be present at conference, please treat it as a public forum and think carefully about what you say or publish on social media networks to ensure that you do not bring the BMA into disrepute, leave yourself open to legal proceedings, or damage patient confidentiality.

Please also take care not to make any gratuitous or unsustainable comment that might be interpreted as defamation¹.

¹ The law defines defamation as "making a statement which would tend to lower an individual's reputation in the eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred, ridicule or contempt, or which tends to discredit them in their profession or trade".

The conference agenda committee

The conference agenda committee supports the organisation of the conference and ensures its smooth running on the day.

Your hard-working conference agenda committee for 2020-21 is:



Gursharan Johal
Conference chair



Jennifer Barclay
Conference deputy chair



Euan Strachan-Orr
Agenda committee member



Joanna May Sutton-Klein
Agenda committee member



Kiara Vincent
Agenda committee member



Kirsten Sellick
Agenda committee member



Sarah Hallett
JDC chair

A brief guide to conference process

The conference day consists of the following:

Debating and voting on the motions that will be acted on by JDC over the coming year if passed by conference.

Elections for the conference chair and deputy chair, conference agenda committee 2021-22, the flexible training representative to JDC and conference representatives to the BMA annual representative meeting (ARM) 2021.

The **conference agenda** contains motions submitted by junior doctors from across the UK that have been grouped by subject and allocated a timeslot.

Brackets contain motions that are similar. Only the top, starred motion will be debated. This motion might be a composite of the motions in the group, which means they can all be debated as one.

'A' motions are either already policy or are non-controversial, self-evident or already under action or consideration and are **voted on without debate**.

Greyed motions are unlikely to be reached for reasons of time.

Motions can be submitted after 1st March 2021 only in extraordinary circumstances as **emergency motions**.

The **suspension of standing orders** must be requested as a motion in writing to the chair before being voted on by conference. This can be done using the questions function on the platform.

The basic **process of debate** is that each motion is **proposed** in a **three-minute speech** by a member of the group that submitted it, and **opposed** or **supported** by other conference attendees in **two-minute speeches**.

The JDC chair and any BMA chief officers present at the conference will have the opportunity to **comment** on the motion directly after the proposer.

The motion will then be put to a **vote**; if it is **passed, it becomes policy of the JDC** and the JDC will act on it in the coming year. If a motion (or part of a motion) is **passed as a reference**, this means conference attendees agree with its overall message but not with the specific action. JDC will take motions passed as a reference into account but not necessarily act on them.

Anyone at conference can speak, but you must fill in a **speaker slip** and submit it via the speaker slip submission portal on the platform no later than half an hour before the section under which the motion you wish to speak on commences. No-one may speak more than once on the same motion, although the proposer of the motion has a right of reply to any points raised.

Speakers will be invited by email to enter the virtual green room and will be called to speak by the Chair.

Amendments to motions make subtle or drastic changes to their meaning. The motion's proposer has an opportunity to accept or reject an amendment to their motion. If they reject it, Conference will be asked to vote on whether this should be upheld. An amendment must be submitted up to 9am on the day prior to the conference via the question submission portal on the platform or via email to the secretariat.

A **'rider'** is an addition that supports, expands or explains a motion. Riders are debated after the original motion has been passed. Riders must be submitted up to 9am on the day prior to the conference via the question submission portal on the platform or via email to the secretariat.

You can make a **point of information** to add context to the subject of discussion or a **point of order** if you think a procedural rule has been broken and the chair should intervene. These need to be made via the question submission portal on the platform.

Votes on motions are cast using the voting portal on the conference platform.

Elections

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

- Chair of 2022 conference (and chair of conference agenda committee 2021/22)
- Deputy chair of 2022 conference (and deputy chair of conference agenda committee 2021/22)
- 4 x conference agenda committee members 2021/22,
- One flexible trainee representative to the UK junior doctors committee
- Conference representatives to the 2021 ARM

The elections for these positions will take place during the afternoon of the conference.

Assisting in the planning and running of the annual junior doctor's conference as **chair, deputy chair** or an **AC member** is a sociable and rewarding experience. Before considering whether you would like to sit on the committee for 2021/22, have a look at the responsibilities and commitments that membership involves:

Position	Responsibilities	Time commitments
Chair of conference	<p>The conference chair is responsible for:</p> <ul style="list-style-type: none"> – Chairing the conference, the grassroots event, two committee meetings and the JDC training day in September; – Designing the event with the agenda committee; – Ordering the agenda; – Regularly communicating with attendees about conference details. 	<ul style="list-style-type: none"> – 15 meetings throughout the year – 2 x agenda committee meetings; – JDC training day; – 4 x JDC meetings; – 4 x JDC executive subcommittee meetings; – 2 x joint agenda committee meetings (relating to ARM); – Additional time for related activities throughout the year (preparing for meetings, liaising with Committee members and the JDC secretariat, checking minutes etc); – Conference (1.5 days including the grassroots event and two evening meals)

Position	Responsibilities	Time commitments
Deputy chair of conference	<p>The conference deputy chair is responsible for:</p> <ul style="list-style-type: none"> – Assisting and supporting the conference chair; – Deputising for the chair as required; – Assisting agenda committee members with amendments to motions; – Choosing priority motions and ordering the agenda. 	<ul style="list-style-type: none"> – 2 x agenda committee meetings – Conference (1.5 days including grassroots event and two evening meals); – Keeping up to date with developments via a listserver; – Some further time working outside meetings where necessary.

Being a **junior doctors conference representative** at the ARM, the BMA's key policy making event of the year, gives you the chance to have a direct influence over BMA policy. If you would like to attend as a conference representative, you would be expected to represent the views of junior doctors and are encouraged to speak during the debates.

How do I put myself forward to sit on the junior doctor's conference agenda committee for 2021/22?

1. Refer to the roles and responsibilities to be certain that you will be able to carry out your duties as an AC member throughout the year;
2. Ask someone to nominate you;
3. Prepare a 300/150-word personal summary on **why you want to be chair, deputy chair (300 words) or an AC member (150 words)**;
4. Fill in the nomination form on the elections and voting tab of the app or through bma.org.uk/elections
5. Submit your nomination **by 12.00 (11.00 for chair or deputy chair)**; and
6. For Chair/Deputy Chair – Prepare your **two-minute speech** to conference.

How do I put myself forward as a flexible trainees representative to the UKJDC?

1. Ensure you are eligible to stand and can commit to the time requirements;
2. Fill in the nomination form found in your information pack, or available from the AC corner
3. Prepare a 150-word personal summary on why you want to be the flexible trainees representative to JDC
4. Submit your nomination on the elections and voting tab of the app or through bma.org.uk/elections **by 12.00**; and
5. Prepare your two-minute speech to conference

How do I attend ARM as a junior doctors conference representative?

1. Check your eligibility – you must be a BMA member and a trainee in a recognised training grade. You should also be available between Monday 13 and Tuesday 14 September 2021 to attend the ARM;
2. Prepare a 100-word personal summary to list your reasons for **why you want to represent junior doctors at ARM**;
3. Submit your nomination on the elections and voting tab of the app or through bma.org.uk/elections **by 12.00**

Junior doctors representation in the BMA



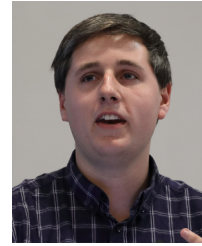
Sarah Hallett



Rowan Gossedge



Mike Kemp



Brendan Donnelly



Lucie Cocker

You are represented by the UK junior doctors committee, which is made up of elected representatives who stand up for your rights on education, training and contractual issues across the UK.

UK-wide

UKJDC consists of:

- The chair **Sarah Hallett**, and three deputy chairs:
 - **Rowan Gossedge** deputy chair for professional Issues
 - **Mike Kemp and Brendan Donnelly** co-deputy chairs for terms and conditions of service and negotiations
 - **Lucie Cocker** deputy chair for education and training
- Junior doctors from the national and regional junior doctors committees
- Doctors from other BMA committees such as GP trainees, medical students and consultants to ensure all parts of the medical profession are represented

UKJDC has **three subcommittees** that carry out the bulk of JDC activity:

- The **education and training (E&T) subcommittee** acts as a stakeholder in the design of medical education and training delivery across the UK.
- The **terms and conditions of service & negotiating (TCS&N) subcommittee** negotiates on issues relating to junior doctors terms and conditions of service.
- The **executive subcommittee** consists of members of E&T and TCS&N as well as representatives from other BMA committees, the LTFT rep, the chairs of the devolved nations' JDCs, the chair of the committee of national and regional JDC chairs, the JDC conference chair, and the professional issues deputy chair.

English regional and devolved nation representation

The best way of getting involved in BMA activity is through your regional or devolved nation JDC. You can stand for a seat on the UK or national committees. Visit bma.org.uk/rjdc for contact details and more information about meetings in your area.

Many junior doctors also sit on local negotiating committees (LNC), which are the driving force behind the BMA's trade union activity. Elected local representatives negotiate and make collective agreements with local management on behalf of medical and dental staff of all grades. Find out more about joining your LNC at bma.org.uk/lnc.

Visitors scheme

You don't have to be an elected representative to see how JDC meetings work.

You can participate as a non-voting committee member with the opportunity to attend meetings and take part in discussions. It's a great way of meeting committee members and contributing to the BMA's work.

For more information on the BMA committee visitors scheme visit:

bma.org.uk/about-the-bma/equality-and-diversity/committee-visitors-scheme

Order of business

Morning session

Saturday 8 May 2021



09.15	Teach-in session
09.30	Welcome and procedural matters, chair of conference 2020/21, Dr Gursharan Johal
9.45	Report by the chair of the Junior Doctors Committee 2020/21, Dr Sarah Hallett
10.00	Debate of motions: Professional issues
10.30	Debate of motions: Devolved nations/climate change
11.00	Deadline for receipt of online nomination forms for conference agenda committee chair/deputy chair
11.00	Debate of motions: First Time Attendees motion
11.20	BREAK
11.30	Debate of motions: Education and training
12.00	Deadline for receipt of online nomination forms for conference agenda committee, flexible training rep, and ARM seats
12.45	LUNCH

Order of business

Afternoon session

Saturday 8 May 2021



13.30	Election hustings Chair, deputy chair, and flexible training rep
14.00	Debate of motions: Terms and conditions of service and negotiations
14.15	Voting opens
15.00	BREAK
15.10	Debate of motions: Terms and conditions of service and negotiations
16.45	Summary and close of conference

Standing orders

Revised
May 2020

Interpretation

In these Standing Orders the words and expressions following have the meanings hereinafter assigned to them respectively:

'Representative' means the duly appointed Representative of a constituency, or in his/her absence, the deputy duly appointed in his/her stead, in attendance at the conference.

'Constituency' means any body or group of members of the Association entitled to elect or to have appointed a Representative or Representatives to the conference.

A 'Motion' is a primary statement of an issue put forward for debate which will, if passed, enter into the policy book.

An 'Amendment' shall be either: to remove words; to remove words and insert others; to insert words; or be in such form as shall be approved of by the Chairperson of the Conference. A substantial part of the motion shall always remain, and the intent of the motion not be substantially changed. Amendments are subject to approval by the proposer, except where they may be exceptionally approved instead by the Chairperson of the Conference.

A 'Rider' shall be to add words to a seemingly complete statement, provided always that the rider be relevant to the motion on which it is moved and not be equivalent to the direct negative thereof. A rider may alter, by addition, the intent of a motion. A rider does not require approval by the motion proposer.

A 'two thirds' majority shall be two thirds of the representatives present at the conference and who can vote. Those voting will include those voting 'for' and 'against' and 'abstaining from' the motion.

The 'Conference Agenda Committee' shall be elected during each conference in the manner described herein to oversee the organisation of the subsequent conference.

The Conference Secretary shall be a member of the JDC Secretariat team who has principal responsibility for assisting the Agenda Committee in the organisation of the conference.

1. Junior doctors conference

The Junior Doctors Committee shall convene an annual Junior Doctors Conference to be held before the Annual Representative meeting on a date to be determined by the Agenda Committee.

Extraordinary meetings of the Conference shall be held if:

- (a) The Junior Doctors Committee of the BMA requests the Agenda Committee to call an Extraordinary Conference, or
- (b) At least 25 Members of the Conference request an Extraordinary Meeting, giving details of the matters to be discussed. Such a request should be submitted in writing to the Chairperson of the Conference.

The Agenda Committee should aim where possible to hold every alternative conference in locations outside of London in order to optimise engagement. The location of these alternating conferences will be decided by the previous year's Agenda Committee by a simple majority vote.

2. Eligibility of representatives

With regard to eligibility to attend the Junior Doctors Conference, the definition of a junior doctor should always be the same as that stipulated in the current JDC Standing Orders.

3. Appointment of representatives

The appointing body may appoint a Deputy for each Representative. In the absence of a Representative, the Deputy may attend and act in his/her stead. The deputy should be of the same constituency as the original Representative.

4. Members of conference

The Conference shall be composed of:

- a) Members of the UK Junior Doctors Committee of the BMA.
- b) All members elected to the Conference Agenda Committee.
- c) Two representatives of the Medical Students Committee of the BMA
- d) Two Medical Students, not necessarily members of the Medical Students Committee of the BMA.
- e) Two dental trainees employed on the same Terms and Conditions as Junior Doctors in Training who are nominated by the BDA
- f) Up to 200 representatives who are junior doctors who are:
 - i. nominated by regional junior doctors committees
 - ii. nominated by national junior doctors committees
 - iii. applying independently

Allocation of representatives

The seats allocated to each region or nation shall be determined by the Conference Agenda Committee each year in proportion to the number of junior doctors in that region or nation as laid out in the Junior Doctors Committee Standing Orders.

5. Tenure of members of conference

Membership of Conference begins at the start of Conference and ends at the start of the following Conference, unless the Agenda Committee is notified of a change of representative(s) by the body entitled to elect the representative concerned.

6. First time attendees event

The Conference Agenda Committee shall hold a 'first time attendees' workshop for new members of Conference.

7. Composition of the agenda

- (a) Motions, amendments and riders for the Conference Agenda may be submitted by any of the bodies entitled to send a Representative, or by the Joint Agenda Committee. In addition, the Conference Agenda Committee may invite the submission of motions from the First Time Attendees event, or from such standing or ad hoc form as currently constituted by the JDC.
- (b) Other than as described at (c) below, a motion shall not be included on the agenda if it has not been received by the Conference Secretary by a date determined by the Agenda Committee. Any amendment or rider to any items on the Agenda must be notified to the Conference Secretary by 12 noon on the Friday of the week preceding the week in which the Conference takes place.
- (c) However, the Agenda Committee may include in the Agenda any motion it considers to cover 'new business' which has arisen since the last day for receipt of motions, provided that it is received by 12 noon on the Friday of the week preceding the week in which the Conference takes place.
- (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 the Conference present and eligible to vote. The Chairperson of the Conference shall indicate at the beginning of the debate those motions which s/he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority.
- (e) All motions submitted according to the process set out by the Agenda Committee in the Conference Agenda, and/or sent to the Annual Representatives Meeting, with the exception of those withdrawn by the proposer unless circumstances in extremis preclude their inclusion

- i) Indicatively such circumstances might include motions which contain language which is threatening or abusive, is intended to harass, alarm, or distress any individual or group, or which discriminates prima facie against individuals or groups with protected characteristics.
- ii) Such motions will be discussed with the member who submits them, taking advice from Secretariat leads for Equality, Diversity, and Inclusion; and Corporate Development as well as with the BMA's in-house counsel to see whether they can be reworded or the proposer would prefer to withdraw before being considered for exclusion from the agenda.
- iii) Exclusion will require a two thirds majority vote by members of the agenda committee.

8. Motions not published in the agenda

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

- (a) Motions covered by Standing Order 10 (order of business), 14 (d) (time limit of speeches), 14 (i) (motions for adjournment), 14 (j) (motions to move to a vote without further debate), 14 (k) (that the Conference proceed to the next business), 20 (suspension of Standing Orders), and 21 (withdrawal of strangers).
- (b) Motions relating to votes of thanks, or messages of congratulations or condolences.
- (c) Composite motions replacing two or more motions already on the Agenda and agreed by Representatives of the bodies proposing the motions concerned.
- (d) Motions arising from the First Time Attendees event
- (e) Emergency motions arising from the content of the speeches made by the invited speakers to the Conference.
- (f) Emergency motions which relate to new business submitted after the agenda has been finalised and accepted at the discretion of the Chairperson.

9. Motions not dealt with

Motions which have not been debated at the close of the Conference shall be referred back to the proposer. If the proposer wishes such a motion to be pursued, the proposer shall be entitled to submit within four months of the date of the Conference a written statement for the consideration of the JDC.

10. Order of business

The order of business may be varied at any time during the Conference by the vote of two thirds of those present and voting.

11. Voting

All representatives of the Conference shall be entitled to vote. This includes official representatives from other committees.

The Chairperson shall in the case of an equality of votes have a casting vote, but shall not otherwise be entitled to vote.

12. Mode of voting

Voting shall be by a show of voting cards or other method deemed by the Chairperson to be appropriate to the debating chamber.

13. Two thirds majority

A two-thirds majority of those present and voting shall be required to carry a proposal:

- (a) That the debate be adjourned;
- (b) That the Conference proceeds to the next business;
- (c) To move to a vote;
- (d) That the Standing Orders, or any given standing order, be suspended;
- (e) To rescind any resolution of a previous Conference;
- (f) To withdraw strangers from the Conference;
- (g) To vary the order of business;
- (h) That substantial expenditure of the Association's funds be incurred.

14. Rules of debate

- (a) Members of Conference wishing to speak in any debate shall so indicate by the prescribed method to the Conference Agenda Committee, before the motion, amendment, or rider to which they wish to speak is reached. The Chairperson will choose speakers from among those who have indicated their wish to speak.
- (b) A member of the Conference moving a motion shall be allowed to speak for three minutes and, with the exception of the speech introducing the motion proposing that the report of the JDC be received. The motion proposer will have an optional one minute right to reply at the end of debate, prior to the vote. In exceptional circumstances any speaker may be granted such extension of time as the Chairperson shall determine, where. The Conference may at any time reduce the time to be allowed to speakers.

Comments from “Top Table” officers will be given immediately after the proposer moving speech only. There will be a one minute cap on each top table comment, which should be objective, relative to the debate, based upon policy, and not containing personal opinion, or attempts to influence the conference vote either way.

Members of the top table wishing to openly speak for or against a motion will indicate so in the same manner as members of conference and via speaker slips.

- (c) A member of Conference shall not address the Conference more than once on any one motion, amendment or rider save that the mover of any such item in their right of reply, and in their reply shall strictly confine himself/herself to answering previous speakers and shall not introduce any new matter into the debate.
- (d) No amendment to any motion, amendment, or rider shall be considered unless a copy of the same with the names of the proposer and their constituency has been handed in by the prescribed method to the Chairperson before the commencement of the section in which the motion is due to be moved, except at the discretion of the Chairperson.
- (e) Whenever an amendment to an original motion has been moved, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.
- (f) If an amendment is carried, the motion as amended shall take the place of the original motion.
- (g) If it is proposed that the debate be adjourned, this would require a two thirds majority of those present and voting to be carried, and the motion should be reinserted to the agenda, at the discretion of the Chairperson.
- (h) Any member of Conference may call to move to a vote without further debate. Unless the Chairperson declines to hear the call, Conference will vote whether to move to a vote. If the vote on the original motion requires a two thirds majority of those present and voting, the mover of the original motion and the Chairperson of the JDC shall have a right of reply before Conference votes on the motion.
- (i) Any member of Conference may call for a move to next business. The proposer of the motion shall have the right of one minute, to explain to Conference why they should not move to the next business. This call will then be put to Conference and a two thirds majority is required of those present and voting to move to the next business. The motion in question will then not be recorded in the minutes.
- (j) Motions with similar intent or subject matter may be grouped together on the agenda, marked with an asterisk, and only the first motion in the group shall be debated. Motions can be removed from the bracket and put on the agenda separately if the constituency which submitted it requests this in writing to the Agenda Committee before that agenda section is reached. A motion marked by an asterisk shall be proposed by the constituency which submitted it; where a group of motions is headed by an amendment or composite motion from the Agenda Committee, it will normally be proposed by the constituency which submitted the motion immediately following the amendment or composite motion on the agenda.
- (k) The Chairperson may also initiate an Open Mic Debate format on unmarked motions in the event of an unanticipated high speaker volume. In this instance, the Chairperson may prioritise delegates who had submitted speaker slips on the motion.

- (n) Open Mic Debate is subject to the following variations from the usual format:
- (i) Aside from the mover or proposer, delegates who wish to speak on the motions are not required to submit speaker slips and instead queue as directed by the Chairperson.
 - (ii) Aside from the mover or proposer, no speech shall exceed one minute and the Chairperson may at any time reduce the time allowed to speakers.
 - (iii) Members shall be permitted to address Conference more than once on a motion but following each address must again queue as directed by the Chair.

15. Election timings

- (a) Unless otherwise specified candidates will be given 2 minutes for a hustings speech.
- (b) If required, the chairperson may amend the above timing before the first candidate's speech.

16. Election of chairperson and deputy chairperson

- (a) At each Conference a Chairperson and Deputy Chairperson shall be elected who shall hold office from the termination of that Conference to the termination of the next following Annual Conference. All junior doctor members of the Conference shall be eligible for nomination and shall be entitled to vote.
- (b) Nominations for Chairperson and Deputy Chairperson must be submitted on the prescribed form to the Returning Officer, or nominated deputy, on the day of the Annual Conference by the time notified in advance by the Conference Agenda Committee.
- (c) Where the Chairperson of Conference resigns during his/her term of office the Deputy Chairperson shall assume the Chair. Where this is not possible, the Conference Agenda Committee shall elect a replacement for the remainder of the term.

17. Conference agenda committee

- (a) The Conference Agenda Committee shall consist of the Chairperson and Deputy Chairperson of the Conference, the Chairperson of the JDC or his/her nominee, together with four Members elected by the Conference, at least one of whom is attending conference for the first time or has attended conference only once previously, and is not a member of the UK Junior Doctors Committee at the time of election. If no Member who fulfils the last two requirements is a candidate for election, these requirements do not stand.
- (b) Nominations for the Conference Agenda Committee for the next year must be submitted on the prescribed form on the day of the Annual Conference by the time notified in advance by the Conference Agenda Committee. All junior doctor or dentist members of the Conference shall be eligible for nomination to the Agenda Committee and shall be entitled to vote. In the event of a member of the Conference Agenda Committee resigning from the committee, they shall be replaced by the runner up from the elections held at conference. If no further runners-up remain, the Junior Doctors Committee of the BMA shall elect a replacement for the remainder of the term.
- (c) The duties of the Agenda Committee shall be:
 - (i) To group motions and amendments which cover substantially the same ground and to mark one with an asterisk in the Agenda, or to form a composite motion or amendment, on which it proposes that discussion shall take place. The bodies submitting the motions so grouped shall be informed of the decision of the Agenda Committee.
 - (ii) To prefix with a letter 'A' those motions which it regards as a reaffirmation of existing policy or which are regarded by them as being non-controversial, self-evident or already under action or consideration. A motion so prefixed shall be put to the meeting by the Chairperson of the Conference without debate unless any Representative indicates prior to the opening of the Conference that it should be proposed and debated in the normal way.
 - (iii) To make recommendations to the Conference as to the order of the Agenda, and the conduct and timing of the business of the Conference.
 - (iv) To prioritise motions within the agenda.

18. Returning officer

The Secretary of the BMA, or a nominated deputy, shall act as Returning Officer in connection with all elections.

19. Chairperson's decision

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

20. Suspension of standing orders

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

21. Withdrawal of strangers

At any time a member of the Conference may move, at the discretion of the Chairperson, that strangers, i.e. anyone who is not a member of the Conference or of the staff of the British Medical Association, be requested to withdraw. A two thirds majority of those present and eligible to vote shall be required for the withdrawal of strangers.

21a. Press

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

22. Quorum

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

23. Minutes

Minutes shall be taken of all the proceedings of the Conference and the Chairperson shall be empowered to approve and confirm such minutes.

24. Policy

- (a) Conference resolutions shall become current, active policy and form part of a policy document;
- (b) Conference policy should be reviewed by the Conference Agenda Committee within 3 years of it being passed or adopted.
- (c) Each Annual Conference Agenda shall include a motion to allow the Conference Agenda Committee's recommendation to either archive or re-adopt the policy made or re-adopted at the Conference more than two and three-quarters years previously. These recommendations will be set out in the Annual Conference Guide;
- (d) Motions indicated in the Conference Agenda as 'A' motions are non-controversial or already current Junior Doctors Conference policy;
- (e) A record shall be kept of all current and past policy that has now lapsed.

25. Standing orders

These standing orders should be reviewed by the Conference Agenda Committee every five years or as deemed necessary by the Chairperson of the Conference.

Appendix

Region	Number of seats
East of England	6
East Midlands	14
Mersey	5
North Thames	31
Northern	8
Northern Ireland	6
North West	13
Peninsula	4
Scotland	19
Severn	6
South Thames	22
Thames Valley	7
Wales	8
Wessex	7
West Midlands	13
Yorkshire	9
Pool*	22

* Pool seats may be used in the event of a region filling all its seats. Only three of the pool seats may be used by any one region.

Speaker slip submission deadlines

Motion number	Deadline for submissions
Motion 17	09.30
Motion 18	09.45
Motion 19	10.00
Motion 20	10.15
Motion 21	10.30
Motion 22	11.00
Motion 23	11.20
Motion 24	11.40
Motion 25	12.00
Motion 26	13.30
Motion 27	13.50
Motion 28	14.10
Motion 29	14.30
Motion 30	15.00
Motion 31	15.20
Motion 32	15.45
Motion 33	16.00

Agenda

09.30

Welcome and procedural matters

1. Standing orders of conference

Motion by the CHAIR That the standing orders of conference be adopted.

2. Membership of conference 2021

Motion by the CHAIR That the membership of the junior doctors conference 2021 be received.

3. Report of the junior doctors conference, may 2019

Motion by the CHAIR That the report of the junior doctors conference 2019 be received.

4. Conference agenda committee 2021

Motion by the CHAIR That attendees note the membership and work of the conference agenda committee 2020/21:

Gursharan Johal	Conference chair
Jennifer Barclay	Conference deputy chair
Euan Strachan-Orr	Agenda committee member
Kirsten Sellick	Agenda committee member
Kiara Vincent	Agenda committee member
Joanna Sutton-Klein	Agenda committee member
Sarah Hallett	JDC chair

The members of the conference agenda committee have met as recommended and have, in light of the motions received, drawn up an agenda that has been arranged in sections to cover important topics.

5. Grouping of motions

The conference agenda committee has arranged in groups certain motions and amendments that cover substantially the same ground and has selected in each group one motion or amendment (marked with an asterisk) on which it proposes that discussions should take place (standing order 14(l)).

Motions and amendments prefixed 'A' are either non-controversial or already policy of the junior doctors conference and will therefore be voted on without debate.

6. Report by the chair of the junior doctors committee 2020/21

Oral report and welcome from the BMA JDC Chair

7. 'A' motions

Motion by the CHAIR That all 'A' motions in the conference agenda be carried.

'A' motions

- J1043 1 **Motion** by MERSEY RJDC That this conference notes that ARCP outcomes 10.1 and 10.2 are specifically classed as no fault outcomes. We call upon the BMA to lobby statutory education bodies and other key stakeholders across the UK to:
- i) Allow for any situation where a "positive" ARCP outcome is required to automatically include outcomes 10.1 and 10.2
 - ii) Include outcomes 10.1 and 10.2 as ARCP outcomes which allow pay protection for trainees when transferring to a 'hard-to-fill' specialty
 - iii) Allow for these changes to be retrospectively applied and any owed pay protection to be paid to any doctor who has been adversely affected.
- J1077 2 **Motion** by WELSH JDC That this conference deplores that the scheduling of 'lunchtime teaching' often prevents junior doctors from taking their contractually mandated rest break. This conference calls upon education and training bodies to:
- i. recognise that teaching does not constitute meaningful rest;
 - ii. ensure that rostering provides junior doctors with the opportunity to take a rest break in addition to fulfilling their teaching responsibilities.
- J1078 3 **Motion** by WELSH JDC That this conference believes the Gold Guide stipulations on 'absences from training' are restrictive, open to variable interpretation and contradictory of the principles of competency-based training. This conference calls on the BMA to lobby the Conference of Postgraduate Medical Education Deans and the relevant education bodies to:
- i. acknowledge that it is possible for trainees to achieve their training programme competencies despite having exceeded the Gold Guide limits for absences from training;
 - ii. revise the Gold Guide stipulations on absences from training to incorporate increased flexibility;
 - iii. ensure that ARCP panels approach absences from training with flexibility and compassion, as outlined in the GMC time out of training position statement (2012).
- J1071 4 Motion by NORTHERN IRELAND JDC That this conference believes that junior doctors, like other branches of practice, should have protected CPD time in their rotas to allow them to meet both curriculum requirements and to better facilitate professional progression in non-clinical skills. We call on the BMA to lobby the postgraduate education bodies and the DoH to request that trainees of all grades and specialties have access to protected CPD time.
- J1074 5 Motion by WELSH JDC That this conference believes that the COVID-19 pandemic has proved online courses to be a valuable use of trainees' study leave and budget, and therefore calls upon all education bodies to incorporate greater flexibility into study leave and budget policies by:
- i. specifying within policies that online courses are within the eligibility criteria for claiming study leave and budget;
 - ii. offering trainees the right to take time off in lieu (TOIL) when completing courses outside of rostered working hours.
- J1063 6 Motion by SCOTTISH JDC This conference recognises that junior doctors are often poorly informed about their employment entitlements (e.g. breaks) and contractual safety limits (e.g. maximum number of consecutive shifts and obligatory rest). This conference therefore asks for the BMA to:
- i. lobby educational bodies across the UK to make employment rights a compulsory part of the Foundation Programme curriculum.
 - ii. lobby relevant stakeholders to make this part of undergraduate curriculum/assistantship modules.
- J1025 7 **Motion** by YORKSHIRE RJDC That this conference is concerned about the impact of the expenses experienced by junior doctors during their postgraduate training. It also notes the low rates of knowledge of claimable expenses among junior doctors. We therefore call on the BMA to lobby the relevant stakeholders to:
- i. make expenses for doctors in training, especially LTFT trainees, to be payable in instalments, especially for examinations, but also for courses and conferences
 - ii. allow the first sitting of every membership examination to be free of charge
 - iii. more prominently promote information about claimable expenses to junior doctors
- J1034 8 **Motion** by NORTH WEST RJDC That this conference believes no fixed clinical commitment, e.g. theatre/ procedural list or clinic, should be scheduled the morning after an overnight non-resident on-call period without formal cross cover arrangements in place in the event of inadequate rest.

- J1015 9 **Motion** by NORTH THAMES RJDC That this conference
- i. Notes that currently in the UK disclosures made in counselling for victims of sexual assault or rape are not legally privileged.
 - ii. Deplores that any such disclosure can therefore be used against victims in any potential prosecution of their assailants.
 - iii. Believes that this deters victims from seeking psychological and medical support as well as deterring them from appropriate action against their attackers.
 - iv. Calls on the BMA to lobby for reform to ensure legal privilege of counselling and better access for victims to psychological and medical support across the UK
- J1062 10 **Motion** by SCOTTISH JDC This conference recognises the rate of burnout amongst junior doctors and the impact this has on wellbeing. We recognise the effect of fatigue and the inability of many junior doctors to get appropriate breaks at work. This has been amplified by the COVID-19 pandemic. We therefore ask the BMA to:
- i. lobby relevant stakeholders to highlight the importance of contractually appropriate and good quality, restful breaks.
 - ii. lobby each of the 4-nation governments to ensure adequate rest areas are available and especially during the era of social distancing requirements.
 - iii. plan a 4-nation campaign to highlight the importance of taking breaks for all staff groups.
- J1064 11 **Motion** by SCOTTISH JDC This conference believes in the quadrinational approach of the BMA and the opportunities this affords to work together as a 4-nation organisation. In order to better facilitate this arrangement, we call on the UKJDC to include the devolved nations deputy chairs (E&T and TCSN) in discussions relevant to their respective portfolios to reduce the administrative burden on the devolved nation chairs, to provide a more cohesive, informed working arrangement and to promote succession planning.
- J1070 12 **Motion** by NORTHERN IRELAND JDC This conference believes in the quadrinational approach of the BMA and the opportunities this affords to work together as a 4-nation organisation. In order to better facilitate this arrangement, we call on the UKJDC to include the devolved nations deputy chairs (E&T and TCSN) in discussions relevant to their respective portfolios to reduce the administrative burden on the devolved nation chairs, to provide a more cohesive, informed working arrangement and to promote succession planning.
- J1010 13 **Motion** by NORTH THAMES RJDC That this conference recognises the important role junior doctor forums and their membership play in creating and supporting a safe culture of raising concerns, and calls on the BMA to
- i. Offer more support and guidance to Junior doctor forum chairs and guardians of safeworking
 - ii. Calls on the BMA to extend training and support to Junior Doctor Forum Chairs.
 - iii. Calls on the BMA to support Junior Doctor Forum chairs being rostered as part of their work schedule or receiving professional leave for Junior Doctor Forum work and responsibilities.
 - iv. Calls on the BMA to lobby for the creation of a National Guardian of Safe Working Hours to support and maintain oversight of the work of local Guardians of safe working.
 - v. Incorporate freedom to speak up guardians into the membership of local junior doctor forums to support trainees raising concerns through Junior doctor forum.
- J1067 14 **Motion** by SCOTTISH JDC This conference calls on the BMA to conduct a review of the accessibility of its holdings, estate and functions (including committee meetings and conferences) to those with disabilities as defined under the equality act.
- J1085 15 **Motion** by EAST OF ENGLAND RJDC That this conference believes that all junior doctors elected to the various BMA committees (Devolved Nation, RJDC, LTFT, UKJDC), should have relevant training eg. Chairs training, Leadership Foundation training and Equality, Diversity and Inclusivity training as a minimum standard upon being elected to their position within the committee, and that this is to be completed during their first term of office.
- This is to ensure that the lessons of the Romney review are learnt and that each member attending a meeting of these committees, regardless of their age, gender, ethnicity, religious or sexual orientation benefits from the quality of leadership they should expect and is on offer in the BMA.
- J1080 16 **Motion** by EAST OF ENGLAND RJDC That this conference believes that any member of JDC that represents junior doctors as a JDC and/or LNC rep to external NHS stakeholders should have formal BMA negotiation and communication training, to better represent the membership and be able to confidently negotiate with the leadership and management bodies within the NHS & HEE.

10.00

Motions and debate

Professional Issues

- | | | |
|---------|----|---|
| JD1007* | 17 | <p>Motion by CONFERENCE AGENDA COMMITTEE (To be proposed by NORTH THAMES RJDC) That this conference recognises the longstanding neglect of junior doctor wellbeing and the impact of poor employment practices on morale quadrinationally. We call on the BMA to:</p> <ol style="list-style-type: none"> i) Update and actively advertise the BMA Hub of national, local, and occupational wellbeing support services to junior doctors ii) Establish minimum employment standards including: timeliness of pay; accuracy of pay and occupational health support for staff against which trusts and employers can be held accountable iii) Lobby employers to ensure all employees are able to self-refer directly to occupational health iv) Support the GMC report "Caring for doctors, caring for patients" and lobby the GMC to enact the recommendations in full within their work and interactions with doctors v) Lobby the NHS to incentivise action to implement the recommendations of "Caring for doctors, caring for patients" for all doctors vi) Work in partnership with trusts to set up and develop wellbeing groups, for example Balint groups or Schwartz rounds, within departments vii) Work with employers and education bodies to run a campaign to change NHS culture around the use of sick days on the basis of mental health and wellbeing |
| J1028 | | <p>Motion by YORKSHIRE RJDC That this conference recognises that occupational health support for staff in the NHS is highly variable quadrinationally. We call on BMA to:</p> <ol style="list-style-type: none"> i) create guidance on good practice in occupational health support for staff ii) lobby employers to provide appropriate occupational health support to all staff iii) lobby employers to ensure all employees are able to self-refer directly to occupational health iv) support the GMC report "Caring for doctors, caring for patients" and its recommendations in full v) lobby the GMC to enact the recommendations of "Caring for doctors, caring for patients" within their work and interactions with doctors vi) lobby the NHS in all 4 nations of the UK to incentivise action to implement the recommendations of "Caring for doctors, caring for patients" for all doctors. |
| J1013 | | <p>Motion by NORTH THAMES RJDC That this conference believes that Covid-19 has highlighted the longstanding neglect of junior doctor wellbeing and the impact of poor employment practices on morale, and calls on the BMA to:</p> <ol style="list-style-type: none"> i. update and actively advertise the BMA Hub of national, local, and occupational wellbeing support services to junior doctors. ii. work in partnership with trusts to set up and develop wellbeing groups, for example Balint groups or Schwartz rounds within departments. iii. work with employers and education bodies to run a campaign to change NHS culture around the use of sick days on the basis of mental health and wellbeing. iv. establish minimum employment standards including timeliness and accuracy of pay against which trusts/employers can be held. |
| J1053 | 18 | <p>Motion by SOUTH THAMES RJDC That this conference believes no pregnant person should be forced to take any risks to their baby's life or wellbeing, and</p> <ol style="list-style-type: none"> ii) calls for clear guidance for pregnant doctors on prolonged standing, shift work and night shifts; ii) calls on the BMA to negotiate the right to opt out of long shifts and night shifts for pregnant Doctors without any negative repercussions on the individual; iii) calls on Trusts to ensure that adequate facilities are provided for staff to breastfeed. |

10.30

Motions and debate

Devolved Nations / Climate Change

- J1023 19 **Motion** by YORKSHIRE RJDC That this conference recognises that the early medical abortion service in Northern Ireland is at risk of collapse, and that many people seeking abortions continue to have to travel to the rest of the UK for abortion care. We therefore call on the BMA to lobby the Northern Ireland Assembly, and specifically health minister Robin Swann, to:
- i) commit to commissioning and funding the early medical abortion service
 - ii) allow people seeking abortions to have the option of taking both sets of early medical abortion pills at home in line with the rest of the UK
- JD1008* 20 **Motion** by CONFERENCE AGENDA COMMITTEE to be proposed by YORKSHIRE RJDC That this conference calls upon the BMA to:
- i) Campaign for the UK to become zero-carbon by 2030 including elimination of fossil fuel use by the NHS
 - ii) Lobby relevant bodies for climate refugees to be welcomed unconditionally to the UK, and given equal access to public services without charge or excessive paperwork
 - iii) Lobby for investment in public transport infrastructure so all NHS workers, on all shifts, have the ability to commute using public transport
 - iv) Audit BMA policy to assess its impact on the climate and bring anything with a negative impact to ARM for review
 - v) Recommend specific measures and targets be agreed in respect of public health initiatives such as home heating and insulation
 - vi) Recommend specific measures and targets be agreed in respect of the clean disposal or recycling of NHS waste materials and plastics
 - vii) Recommend specific measures and targets be agreed in respect of the reduction in the incineration of waste products
 - viii) Recommend specific measures and targets be agreed in respect of the prioritisation of low carbon pharmaceutical supplies and formulary choices.
- J1024 **Motion** by YORKSHIRE RJDC That this conference believes that immediate action must be taken as part of a solution to the climate crisis. This conference calls on the BMA to:
- i) campaign for the UK to become zero-carbon by 2030 including elimination of fossil fuel use by the NHS
 - ii) lobby relevant bodies for climate refugees to be welcomed unconditionally to the UK, and given equal access to public services without charge or excessive paperwork
 - iii) lobby for investment in public transport infrastructure so all NHS workers, on all shifts, have the ability to commute using public transport
 - iv) audit BMA policy to assess its impact on the climate and bring anything with a negative impact to ARM for review
- J1054 **Motion** by PENINSULA RJDC That this conference endorses the International Association for Medical Education Consensus Statement on Education for Sustainable Healthcare and welcomes the commitment of the NHS to reduce its carbon footprint by 80% by 2028-2032. Conference calls upon HMG, DHSC, and NHS stakeholders to agree an appropriate policy, with targets to be met in advance of 2028, aimed at reducing non-recyclable waste and carbon producing emissions that are a consequence of any NHS activity and prioritise the promotion of the environmental-friendly sourcing of products supplied by any party in connection with any activity undertaken by the NHS. This conference further recommends that specific measures and targets be agreed in respect of:
- a. Public health initiatives such as home heating and insulation
 - b. The clean disposal or recycling of NHS waste materials and plastics
 - c. The reduction in the incineration of waste products
 - d. The prioritisation of low carbon pharmaceutical supplies and formulary choices.

11.00

Motions and debate

First Time Attendees Motion

FTA 1	21	First Time Attendees Day Motion will be circulated on the supplementary agenda on the morning of the conference
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11.30

Motions and debate

Education and Training

J1038	22	<p>Motion by NORTHERN RJDC That this conference recognises the significant benefit of the introduction of personal development time for foundation doctors following the foundation programme review, and calls upon JDC to:</p> <ul style="list-style-type: none"> i) Lobby the statutory education bodies across the UK for the implementation of protected development time for junior doctors of all grades and specialities ii) lobby trusts to implement an equivalent provision for locally employed doctors working alongside doctors in training
JD1000*	23	<p>Motion by CONFERENCE AGENDA COMMITTEE to be presented by SEVERN RJDC Proposed by Severn In consideration of the recent COVID-19 pandemic, this conference:</p> <ul style="list-style-type: none"> i) Calls on health education bodies to consult and publish anticipated delay rates in CCT due to the pandemic and associated factors; ii) Demands the UK governments fully fund additional training places to ensure that there are enough consultants to address the shortfall in the workforce. iii) Demands the UK governments fully fund additional training places to ensure that there are enough GPs to address the shortfall in the workforce. iv) Demands that any extensions to training do not negatively impact on the ability to recruit to training programmes.
J1003		<p>Motion by SEVERN RJDC That this conference notes the challenges of recruitment and delivery of training during the covid pandemic for junior doctors. We believe that improving training opportunities for junior doctors across the NHS must now be prioritised and</p> <ul style="list-style-type: none"> i) call on the government and health education bodies to consult and publish anticipated delay rates in CCT due to the pandemic and associated factors; ii) demands the government fully fund additional training places to ensure that there are enough consultants and GPs to address the shortfall in the workforce.
J1050		<p>Motion by SOUTH THAMES RJDC That this conference calls for a commitment from Department of Health and Social Care and HEE to invest in additional training places to ensure that Covid ARCP measures can be used as intended and that any extensions to training do not negatively impact on the ability to recruit.</p>

- JD1001* 24 **Motion** by CONFERENCE AGENDA COMMITTEE (To be proposed by NORTHERN RJDC) That this conference notes the ongoing increase in the delivery of NHS services by the independent sector, and the profound impact this may have on training opportunities for doctors in training, particularly surgical and procedural specialties, as well as the specific impact COVID-19 has had on these specialties. This conference calls on the BMA to lobby statutory education bodies, governments and other key stakeholders across the United Kingdom to:
- i) Ensure all trainees have access to training in the private sector organisations where NHS work is being performed where training competencies and requirements can be achieved
 - ii) Ensure the impact on post-graduate medical training is considered and assessed when contracts for the delivery of NHS services are awarded to independent sector providers
 - iii) Ensure independent providers do not profit from or use any ringfenced money intended for the training of junior doctors and other practitioners for any other purpose
 - iv) Provide additional access to mandatory courses and other required consultant delivered training opportunities to support trainees nearing CCT in achieving their competencies efficiently to compensate for course cancellations, lost opportunities and missing portfolio evidence due to the COVID-19 pandemic, without the need to provide further service provision in return
 - v) Produce guidance for junior doctors regarding their rights, obligations and indemnity when training within independent sector providers, with BMA input as a key stakeholder
- J1035 **Motion** by NORTHERN RJDC That this conference notes the ongoing increase in the delivery of NHS services by the independent sector, and the profound impact this may have on training opportunities for doctors in training. It calls upon JDC to:
- i) lobby NHS England and devolved nation equivalents to ensure that the impacts on post-graduate medical training are considered when contracts for the delivery of NHS services are awarded to independent sector providers
 - ii) lobby the statutory education bodies to ensure that such private sector contracts do not allow independent providers to profit from funds intended for the training of junior doctors and other practitioners
 - iii) produce guidance for members regarding their rights, obligations and indemnity when training within independent sector providers
- J1047 **Motion** by SOUTH THAMES RJDC That this conference recognises that surgical and procedural specialties have been significantly affected by the COVID-19 pandemic and calls on the BMA to support these doctors by:
- i) asserting that trainees, including core trainees, have access to training in the private sector organisations where NHS work is being performed
 - ii) lobbying for additional consultant delivered protected training time to support trainees nearing CCT in achieving competencies efficiently without unduly burdening them with additional service provision if additional training time is required
 - iii) lobbying for increased provision of specialist and mandatory courses (such as ATLS) which have historically had inadequate supply given levels of demand and now threaten progression of trainees due to widespread cancellations

- JD1002* 25 **Motion by** CONFERENCE AGENDA COMMITTEE (To be proposed by MERSEY RJDC) That this conference notes that postgraduate examinations have not significantly changed in format in recent times and that modern medical practice has a heavy reliance on evidence-based practice and continually changing guidelines. It also recognises that the COVID-19 pandemic has led to many exams being cancelled, redesigned, or moved to new remote online formats, which has had a significant impact on doctors' training time, wellbeing, and personal finances.
The conference calls on the BMA to:
- i) lobby the royal colleges and the GMC for a move towards modern medical examination with a focus on application of knowledge and not pure rote learning
 - ii) lobby the royal colleges and the GMC to make written exams open book
 - iii) work with Royal Colleges and other key stakeholders to develop remote online examinations to a reliable reproducible standard, where trainees are not disadvantaged by the delivery route of examination, and can be used as part of a hybrid system to deliver such examinations in the future
 - iv) ensure HEE and the Royal Colleges provide transparency and accountability regarding the decisions made on exams during the pandemic
 - v) assert that any decisions to push for continued trainee progression throughout the pandemic must not be at the cost of trainee wellbeing
 - vi) ensure that trainees can access additional funding to repeat exam courses where exams were cancelled or changed during the pandemic
- J1049 **Motion by** SOUTH THAMES RJDC That this conference recognises the upheaval caused as a result of cancellation and changes made to exams during the pandemic, and the corresponding impact on doctors' training time, wellbeing and personal finances. The conference calls on the BMA to:
- i) ensure HEE and the Royal Colleges provide transparency and accountability regarding the decisions made on exams during the pandemic
 - ii) ensure that trainees are able to access additional funding to repeat exam courses
 - iii) assert that any decisions to push for continued trainee progression throughout the pandemic must not be at the cost of trainee wellbeing
- J1044 **Motion by** MERSEY RJDC That this conference
- i) Notes that the format of postgraduate examinations has not appreciably changed in recent times
 - ii) Notes that modern medical practice has a heavy reliance on evidence based practice and regularly changing guidelines.
 - iii) Notes that the COVID-19 pandemic has led to many exams being moved to new remote online formats, with varying levels of success in the delivery of these
 - iv) Calls on the BMA to lobby the royal colleges and the GMC for a move towards modern medical examination with a focus on application of knowledge and not pure rote learning
 - v) Calls on the BMA to lobby the royal colleges and the GMC to make written exams open book
 - vi) Calls on the BMA to work with Royal Colleges and other key stakeholders to develop remote online examinations to a reliable reproducible standard, where trainees are not disadvantaged by the delivery route of examination, and can be used as part of a hybrid system to deliver such examinations in the future

14.00

MOTIONS AND DEBATE

Terms and conditions of service and negotiations

JD1003*	26	<p>Motion by CONFERENCE AGENDA COMMITTEE to be proposed by NORTH THAMES RJDC That this conference</p> <ol style="list-style-type: none">Notes that trusts in some areas of the UK continue to implement a regional locum cap, with little transparency in implementation, resulting in opaque recruitment practice and shifts being unfilled despite potential availability of locum staff.Notes that trust staff banks use metrics such as number of staff contacted regarding an unfilled shift to evidence intent to fill them, despite the below-market incentives offered and calls on the BMA to lobby for Trusts being required to offer an 'opt-in' price point in the way locum shifts are advertised, so that communications containing below-market pay can no longer be used as evidence of genuine intent to fill empty shifts.Calls on the BMA to survey this area to understand the impact locum caps are having on rota gaps and junior doctors.Calls on the BMA to engage with relevant stakeholders to campaign for flexibility in locum rates to improve staffing and reduce rota gaps.
J1014		<p>Motion by NORTH THAMES RJDC That this conference</p> <ol style="list-style-type: none">Notes that trusts in some areas of the UK continue to implement a regional locum cap, with little transparency in implementation, resulting in opaque recruitment practice and shifts being unfilled despite potential availability of locum staff.Notes that trust staff banks use metrics such as number of staff contacted regarding an unfilled shift to evidence intent to fill them, despite the below-market incentives offered and calls on the BMA to lobby for Trusts being required to offer an 'opt-in' price point in the way locum shifts are advertised, so that communications containing below-market pay can no longer be used as evidence of genuine intent to fill empty shifts.Calls on the BMA to survey this area to understand the impact locum caps are having on rota gaps and junior doctors.Calls on the BMA to lobby for the complete removal of the such capping, or as a minimum to increase flexibility to improve staffing and reduce rota gaps.
J1048		<p>Motion by SOUTH THAMES RJDC That this conference notes that many Trusts in London continue to implement a rigid regional locum cap, despite unfilled rota gaps and that the resulting under-staffing in the context of a national workforce crisis has implications for patient safety, as well as junior doctors' well-being, mental health and ability to work productively and safely. This conference therefore calls on the BMA to:</p> <ol style="list-style-type: none">lobby for the complete removal of the locum capengage with relevant stakeholders to campaign for flexibility in locum rates to improve staffing and reduce rota gaps.
J1021	27	<p>Motion by EAST MIDLANDS RJDC That this conference notes that the position of BMA Junior Doctors has been in favour of withdrawal from the DDRB since 2018. We therefore are deeply dismayed by UK Council's disposal of policy 2021 (passed at ARM 2020) and censure them:</p> <ol style="list-style-type: none">on their refusal to withdraw from the DDRB as specified in the policyon the biases in the pay survey sent to members

- JD1006* 28 **Motion** by CONFERENCE AGENDA COMMITTEE to be proposed by NORTH THAMES RJDC This conference:
- i) Recognises that cost of living concerns are a barrier to doctors choosing to work in some regions in the UK.
 - ii) Recognises that the inequity in cost of living adjusted pay impacts poorly on the quality of life of doctors working in regions where expenses are higher.
 - iii) Calls on the BMA to carry out a focused review of cost of living across the UK.
 - iv) Calls on the BMA to lobby for financial pay incentives to address the variation in cost of living across the UK.
 - v) Calls on the BMA to lobby relevant bodies for foundation years doctors to be added to the key worker list, enabling them to access low cost rental accommodation.
 - vi) Feels that flexible pay premia or regional pay incentives can be an effective method of encouraging application to specialties or regions.
 - vii) Calls on the BMA to review the potential impact of flexible pay premia and regional incentives, including areas with high cost of living and recruitment and retention issues.
 - viii) Calls on the BMA to lobby for pay incentives to target shortages specialties such as paediatrics and regional inequity in future contract discussions.
 - ix) Calls on the BMA to campaign for London Weighting to be tracked to inflation, with back pay for retail price index increase since the current London Weighting was set
 - x) Calls on the BMA to campaign for London Weighting based on the difference between the average cost of living per household in the UK and average cost of living in London.
- J1008 **Motion** by NORTH THAMES RJDC That this conference believes that current pay structures and incentives are not only inadequate in addressing the role of cost of living, but also exacerbate inequity of pay and opportunity across the UK. As such we:
- i. recognise that cost of living concerns are a barrier to doctors choosing to work in some regions in the UK.
 - ii. recognise that the inequity in cost of living adjusted pay impacts poorly on the quality of life of doctors working in regions where expenses are higher.
 - iii. call on the BMA to carry out a focused review of cost of living across the UK.
 - iv. call on the BMA to lobby for financial pay incentives to address the variation in cost of living across the UK.
 - v. call on the BMA to lobby relevant bodies for foundation years doctors to be added to the key worker list, enabling them to access to low cost rental accommodation.
- J1051 **Motion** by SOUTH THAMES RJDC That this conference notes that London Weighting has reduced in real terms, is not reflective of the cost of living in London, impacting on the quality of life of junior doctors in London and calls on the BMA to:
- i) carry out a review of the impact of the current London Weighting on junior doctors in London
 - ii) campaign for London Weighting to be tracked to inflation, with back pay for retail price index increase since the current London Weighting was set
 - iii) campaign for London Weighting based on the difference between the average cost of living per household in the UK and average cost of living in London.
- J1009 **Motion** by NORTH THAMES RJDC That this conference
- i. Feels that flexible pay premia or regional pay incentives can be an effective method of encouraging application to specialties or regions.
 - ii. Calls on the BMA to review the potential impact of flexible pay premia and regional incentives, including areas with high cost of living and recruitment and retention issues.
 - iii. Calls on the BMA to lobby for pay incentives to target shortages specialties such as paediatrics and regional inequity in future contract discussions.
- J1042 29 **Motion** by MERSEY RJDC That this conference
- i) Is appalled by the inequality that can be present when special leave is considered
 - ii) Calls on the BMA to negotiate changes to the junior doctor terms and conditions of service to provide a provision for easily accessible carers leave for junior doctors
 - iii) Calls on the BMA to lobby for bereavement leave for junior doctors to be easily accessible and free from arbitrary limitations by employers

- JD1004* 30 Motion by CONFERENCE AGENDA COMMITTEE (To be proposed by EAST MIDLANDS RJDC) That this conference recognises the profound impact of understaffing on patient safety, quality of patient care, and staff wellbeing, and welcomes the Royal Colleges of Physicians' "Guidance on safe medical staffing".
- We call upon the BMA to;
- i) lobby the relevant stakeholders to agree and set enforceable guidelines that clearly define what constitutes safe staffing levels by different clinical area and specialty
 - ii) lobby relevant stakeholders to require all NHS employers in the UK to highlight minimum safe staffing levels in work schedules and on notification of rota
 - iii) lobby relevant stakeholders to require all NHS employers in the UK to implement and adhere to minimum safe staffing levels for all junior doctors
 - iv) create a tool-kit for trusts and health boards to enable and assist them to set and adhere to safe minimum staffing levels.
- J1019 **Motion** by EAST MIDLANDS RJDC That this conference believes it is essential that minimum safe staffing levels are set and implemented for junior doctors across all specialties. We welcome the Royal Colleges of Physicians' "Guidance on safe medical staffing" and call upon the BMA to
- i. create a tool-kit for trusts to enable them to set safe staffing levels
 - ii. lobby the Department of Health and Social Care (and their counterparts in the Devolved Nations) to require all employers to implement and adhere to safe staffing levels
 - iii. lobby the relevant stakeholders to require that work schedules in England highlight minimum safe staffing levels for junior doctors
 - iv. lobby the relevant stakeholders to require that junior doctors in the Devolved Nations have minimum safe staffing levels highlighted to them on notice of their rotas
- J1055 **Motion** by PENINSULA RJDC That this conference demands that the DHSC consults with NHS stakeholders (including the BMA, Royal Colleges, RCN, HEE and others) to agree enforceable guidelines that clearly define what constitutes safe staffing levels by clinical area and specialty and acknowledge that patient safety and the quality of patient care will be at significant risk until this is implemented throughout the NHS. Furthermore this conference calls upon the NHSE and BMA to agree that no doctor in training should be required to agree to a change to work schedules unless and until it has been demonstrated that the proposed changes at least comply with the agreed minimum levels of staffing as referred to above.
- J1037 **Motion** by NORTHERN RJDC That this conference recognises the profound impact of understaffing on both patient safety and staff wellbeing, and calls upon the BMA to:
- i) work with the medical royal colleges to develop a system of national minimum staffing for all grades of medical staff in different clinical settings
 - ii) lobby for the introduction of such ratios in all NHS services across the UK
- JD1005* 31 Motion by CONFERENCE AGENDA COMMITTEE (To be proposed by YORKSHIRE RJDC) This conference recognises that the BMA is a non-partisan organisation. However, it is concerned by the lack of a substantial campaign to appropriately highlight to the public both the real-terms decline in NHS staff pay and the declining health of the UK public due to government policy since 2010.
- We call on the BMA to:
- i) Accept that by not appropriately educating stakeholders about these issues the BMA may be inadvertently supporting a pro-Conservative party message
 - ii) Initiate a campaign to inform and educate the membership about the true scale of the real-terms pay erosion in doctor wages since the Conservative party gained power in 2010
 - iii) Ensure any BMA reports into public health matters are appropriately critical of the relevant government, regardless of how that would affect future pay negotiations.
 - iv) Lobby the four UK governments to restore junior doctor pay by implementing a 15% pay uplift to basic pay, and flexible pay premia where present
 - v) Work with other NHS trade unions and campaign groups who make similar demands and co-ordinate with them
 - vi) Lay groundwork for industrial action over pay if the demand in iv) is not met by the end of 2021, including mapping members, running indicative ballots, mobilising local representative structures and releasing communications about pay and our demands

J1029		<p>Motion by NORTH WEST RJDC That this conference notes the real-terms pay cuts for NHS staff since 2008. This conference calls for the BMA to:</p> <ul style="list-style-type: none"> i) Demand pay restoration of 15% ii) Work with other NHS trade unions and campaign groups who make similar demands and co-ordinate with them iii) lay groundwork for industrial action over pay if the demand is not met by the end of 2021, including mapping members, running indicative ballots, mobilising local representative structures and releasing communications about pay and our demands
J1026		<p>Motion by YORKSHIRE RJDC That this conference recognises that the BMA is a non-partisan organisation. However, it is concerned that by not appropriately highlighting to the public both the real-terms decline in doctors pay and the declining health of the UK public due to government policy since 2010, the BMA may be inadvertently supporting a pro-Conservative party message. We call on the BMA to:</p> <ul style="list-style-type: none"> i. initiate a campaign to inform and educate the membership about the true scale of the real-terms pay erosion in doctor wages since the Conservative party gained power in 2010 ii. ensure any BMA reports into public health matters are appropriately critical of the relevant government, regardless of how that would affect future pay negotiations iii. renegotiate the junior doctor contract to include a 15% pay restoration iv. ballot junior doctors for industrial action if a 15% pay restoration is not achieved by the end of 2021 v. show solidarity with other NHS worker unions who make similar demands and to coordinate industrial action with them where possible.
J1045	32	<p>Motion by SOUTH THAMES RJDC That this conference notes that many Trusts have implemented emergency rotas with short notice where junior doctors have stepped up and delivered the service. This has caused significant disruption in work-life balance and required considerable personal sacrifice to accommodate. This conference therefore calls on the BMA to:</p> <ul style="list-style-type: none"> i) campaign for enhancement of pay above standard contractual rates for all doctors who worked a rota that is designed to deliver additional service during the pandemic or pattern that is different from the agreed/expected working pattern for that placement, including back pay for any surge rotas ii) ensure that doctors in receipt of banding due to pay protection arrangements or employment under Trust grade contracts receive parity in the level of enhanced payment relative to doctors employed under the 2016 contract
J1058	33	<p>Motion by PENINSULA RJDC That this conference calls upon the JDC to negotiate a premium payment that adequately recognises and rewards the increased intensity of workload caused by having to cover a colleague who is absent from and not replaced on a rota/shift (due to sickness or for any other reason). Such payment should include an element for “acting up” for higher level colleagues.</p>

Motions in the grey

		EDUCATION AND TRAINING
J1036	34	<p>Motion by NORTHERN RJDC That this conference recognises the role of environmentally sustainable quality improvement (SusQI) projects in reducing the environmental impact of the NHS, and calls on the Junior Doctors Committee to:</p> <ul style="list-style-type: none"> i) lobby relevant stakeholders to support the development and delivery of training about SusQI for junior doctors and medical students ii) lobby local education providers to support trainees to put SusQI into practice by making tools and data available to support environmental analyses as part of all quality improvement projects

J1061	35	<p>Motion by WEST MIDLANDS RJDC This conference recognises that whilst LTFT training is fundamental to enabling flexible and inclusive training, that LTFT trainees are yet to have an even playing field with their peers in training and the workplace.</p> <p>LTFT training frequently creates a greatly increased administrative burden, and due largely to practices regarding rotation allocations can disrupt support and professional development networks, such that completion of projects and other ARCP requirements are more burdensome. Furthermore, as training programmes are restructured LTFT trainees who are completing a legacy programme are not being adequately considered. We call upon the BMA to:</p> <ol style="list-style-type: none"> Negotiate a commitment from HEE and NHS England to ensure all significant policy and training changes are reviewed in terms of impact on LTFT trainees, in particular for those with protected characteristics. Lobby HEE to mandate that LTFT trainees should not be expected to rotate to a new Trust/Employer when they are within the last 6 months [full-time equivalent] of a training programme and further to mandate where a change is permitted that the welfare and educational needs of the trainee are considered and reflected in decision making and at least 4 months notice is provided. To work with relevant bodies to ensure that restructuring of training programmes does not have a detrimental effect on LTFT trainees who are completing an existing or legacy programme, including an agreement not to enforce retrospective changes and thus to honour the training requirements in place on commencement of a programme.
J1039	36	<p>Motion by NORTHERN RJDC That this conference calls upon the junior doctors' committee to:</p> <ol style="list-style-type: none"> provide rJDCs with funding for at least one day of annual training/continuing professional development for all accredited junior doctor representatives develop a system of regular appraisal for accredited junior doctor representatives to identify strengths and weaknesses and develop a personal development plan lobby the wider association to ensure that the above measures are adopted by other branches of practice
J1052	37	<p>Motion by SOUTH THAMES RJDC That this conference recognises that both LTFT and full-time trainees in a training programme should have access to the same choices with regard to completing their training. This conference therefore calls on the BMA to:</p> <ol style="list-style-type: none"> lobby all relevant stakeholders to ensure that, regardless of their CCT date, trainees who are currently in specialty training and are, have been or will be LTFT or taken approved out of programme time for any reason including academia, are not discriminated compared to full-time trainees who entered the training programme at the same time, in terms of the flexibility available to them to pursue single accreditation in their chosen specialty or subspecialty only. lobby for all training programmes in all specialties to be purely competency-based without being based on time spent within the specialty, with increased flexibility for both full-time and less than full-time trainees to train at a pace that meets their individual needs.
J1030	38	<p>Motion by NORTH WEST RJDC That this conference notes the disruption to and cancellation of courses during the pandemic, and calls on the BMA to seek extended access to study budgets for trainees where courses take place after a trainee has left a specific training programme, for example to take up a locally employed doctor post or other break from training.</p> <p>TERMS AND CONDITIONS OF SERVICE</p>
J1011	39	<p>Motion by NORTH THAMES RJDC That this conference recognises the financial pressures faced by junior doctors moving to new jobs and often new locations. We call for:</p> <ol style="list-style-type: none"> All new starters to be able to request and receive an advance on their first payslip. Information on how to request an advance to be clearly provided in relevant trust induction.
J1040	40	<p>Motion by MERSEY RJDC That this conference</p> <ol style="list-style-type: none"> Believes that the use of whole time equivalent salary when calculating pension contributions for Less Than Full Time Doctors is unacceptable Calls on the BMA pensions committee to lobby for this system to be removed from the current NHS pensions scheme Demands that any future pension scheme proposal be rejected by BMA if this policy is to be continued
J1066	41	<p>Motion by SCOTTISH JDC This conference commends the work done to develop a rota checker for those on England-only terms and conditions of service. This conference calls on the rota checker software to be adapted to ensure that Junior Doctors from all four nations can check their rota.</p>

J1069	42	Motion by NORTHERN IRELAND JDC This conference believes that junior doctors on parental leave should be able to use their 'keeping in touch days' at any point during their parental leave. This includes during periods of accrued annual leave or statutory leave at the end of their parental leave. We call on the BMA to lobby the postgraduate education bodies to review current legislation and policy on KIT days to better utilise this arrangement to ensure flexibility is allowed for trainees.
J1076	43	Motion by WELSH JDC That this conference regrets that the COVID-19 pandemic has reaffirmed the increasing extent to which junior doctors are negatively affected by medical errors and medicolegal issues within the context of a system continuously under pressure and a workforce with increasingly limited capacity to deliver high quality care. This conference laments the significant impact this has on junior doctor wellbeing and therefore urges relevant UK education bodies and employers to: <ul style="list-style-type: none"> i. provide training on risk management, clinical decision making, raising concerns and human factors for the entire medical workforce; ii. ensure that risk management, clinical decision making, raising concerns and human factors courses are included within the eligibility criteria for claiming study leave and budget; iii. provide wellbeing support for all junior doctors affected by these issues; iv. encourage the GMC to take wider contextual factors into account when dealing with individual cases of medical error.
J1087	44	Motion by EAST OF ENGLAND RJDC That this conference endorses the principle of improving Parental Leave for Junior Doctors and calls on the Junior Doctors Committee to lobby to increase the number of weeks new fathers are entitled to take for Parental Leave, such that it equals the current provision of Maternity Leave in the 2016 Junior Doctor Contract.
J1041	45	Motion by MERSEY RJDC That this conference <ul style="list-style-type: none"> i) Calls on the junior doctors committee and its sub groups to lobby for junior doctors annual leave to be allocated and distributed on an hours basis ii) Demands that less than full time pro rata calculations are based on percentage of hours worked according to a work schedule and not on crude and inaccurate percentages <p>PROFESSIONAL ISSUES</p>
J1018	46	Motion by EAST MIDLANDS RJDC That this conference feels that the current HEE guidance for Foundation Year 2 (FY2) doctors working in General Practice leaves them vulnerable and asks the JDC to work with relevant bodies across the four nations to produce new guidance that <ul style="list-style-type: none"> i. protects the supernumerary status of FY2s working in General Practice ii. ensures mandatory direct supervision of FY2s on home visits until the FY2 requests indirect supervision iii. outline the maximum number of patients that can be seen by unsupervised FY2s outside of the General Practice before a face to face debrief is needed iv. mandates no clinical visits of FY2s to care homes without direct supervision v. states that if the FY2s are doing any home/care home visits then this should be undertaken as a separate session
J1057	47	Motion by PENINSULA RJDC That this conference believes that any proposed rota change must be presented to the local industrial relations officer and junior doctor local negotiating committee members and cannot be implemented until any suggested alterations have been agreed by all parties. Furthermore this conference recommends that to adequately ensure that six weeks' notice for the publication of General Work Schedules becomes the norm in practice it requires an appropriate sanction by way of a Guardian of Safe Working fine be an automatic consequence of any failure to provide such notice.
J1059	48	Motion by WEST MIDLANDS RJDC That this conference recognises that "The Hostile Environment Policy" has a detrimental impact on the health of patients, doctors and minority groups whilst also threatening public health and calls for the BMA: <ul style="list-style-type: none"> i) To lobby for undergraduate and postgraduate training on how the hostile environment policy impacts doctors' clinical practice. ii) To provide clear guidelines for doctors considering supporting patients and patient groups affected by the hostile environment policy. iii) To ensure that full support is offered to its members who are penalised for advocating for those whose health is threatened by the hostile environment policy.

J1012	49	<p>Motion by NORTH THAMES RJDC That this conference recognises the ongoing psychological and physical risks to doctors in the workplace and calls on the BMA to:</p> <ol style="list-style-type: none"> Lobby the GMC to create an NTS threshold for trusts to achieve “Green” status for safety with at least 80% of junior doctors reporting positive responses Work with Health education bodies, Care Quality Commission, and the General Medical Council to ensure trusts below the national average on NTS safety at work questions are have clear short- and long-term plans for improving workplace safety Lobby for the creation of dedicated safety tutors for trusts falling beneath the NTS safety average Lobby for an annual NHS Violence at Work awareness day, to promote a culture of safety at work
J1016	50	<p>Motion by EAST MIDLANDS RJDC That this conference notes that the COVID pandemic has directly impacted on the health, job quality and mental wellbeing of the medical profession; this has been particularly true of second-country doctors (those who call a country other than the UK “home”) who have been far from their support networks. We therefore ask the BMA to</p> <ol style="list-style-type: none"> ascertain the proportion of international doctors who are BMA members ascertain the proportion of those doctors who consider themselves second-country doctors ask for volunteers who would be willing to talk about their ‘home’ countries in video blogs dedicate a day to celebrate/publicise each country lobby the relevant stakeholders to develop “special leave” to allow those with no family in the UK adequate time (taking into account isolation periods) to travel abroad to see family in addition to annual leave
J1017	51	<p>Motion by EAST MIDLANDS RJDC That this conference believes that non-clinical/employment-related concerns have a very significant bearing on the quality of life of doctors and that there is little data on these issues available when choosing where to work and train.</p> <p>We therefore mandate JDC through its regional structures to create an internal database rating trusts on measures agreed through NRJDC, such as: rotas; pay; fatigue and facilities; engagement with unions; effectiveness of contract protections (e.g JDF and LNC)</p>
J1027	52	<p>Motion by YORKSHIRE RJDC That this conference is saddened by the death of health care professionals as a result of COVID19; our sympathy is with their friends and families. We are angered by the failure of Government to follow the law with regard to PPE procurement. We call on BMA to:</p> <ol style="list-style-type: none"> call for transparency and accountability from the government regarding the procurement and timely distribution of PPE to health and social care staff remove all war-time language, such as “frontline”, used in BMA media and communications when referring to healthcare professionals
J1056	53	<p>Motion by PENINSULA RJDC That this conference recognises the difficulties faced by the family and partners of doctors in training who are frequently required to move as part of their training programmes and on appointment to a new NHS employer. Currently relocation support is limited to the individual doctor with no support provided for the partners of doctors, who are often also key workers and employees working in public service, and this conference calls upon HMG to establish appropriate measures aimed at assisting their relocation through initiatives such as priority recruitment to public sector vacancies. In addition whilst there are mechanisms to allow Doctors not to rotate or move if they have a dependent this does not apply to doctors with a partner who has a fixed position and will have to leave their job, and conference calls on the JDC to negotiate with NHSE to rectify this.</p>
J1046	54	<p>Motion by SOUTH THAMES RJDC That this conference notes that there are many trainees who are burned out due to the disruption and demand of service during the pandemic. The conference calls on the BMA to:</p> <ol style="list-style-type: none"> carry out a review of mental health impacts among all doctors lobby for additional special paid leave for mental and physical wellbeing purposes, for doctors following the ease of pressure on the NHS from the pandemic

J1060	55	<p>Motion by WEST MIDLANDS RJDC That this conference affirms that disabled doctors should be valued within the medical profession, and that their lived experience can indeed be an asset with regards to both patient care and service development. The BMA Disabled Doctors Survey 2019 revealed that more needs to be done to ensure that disabled doctors and medical students receive the support they need to thrive in training and the workplace. Furthermore, this conference acknowledges that due to the lack of sufficient education there is a poor disability awareness amongst many health professionals regarding disability. This has a detrimental effect on disabled staff and on the respectful, person-centred care of disabled patients and we affirm that it should not be left to individual disabled doctors [or patients] to repeatedly educate colleagues.</p> <p>And calls on the BMA to:</p> <ul style="list-style-type: none"> i) Lobby relevant educational bodies to ensure that undergraduate and postgraduate training is developed [in collaboration with disabled patients and doctors] to properly reflect how disability impacts on lived experience including access to healthcare and more broadly the ability to participate in life. ii) Recognise that a significant proportion of disabled doctors and medical students do not receive the reasonable adjustments needed to enable them in training, education and the workplace, and to work with educators, and employers and other relevant organisations to address this disparity iii) Lobby relevant bodies to ensure that paid disability leave is available to disabled doctors. Recognising that doing so better enables disabled doctors to manage their disability or health condition, and moreover to meet the requirements of GMC registration by undertaking appropriate treatment or therapy to manage their health.
J1065	56	<p>Motion by SCOTTISH JDC This meeting notes with dismay that many FY1 doctors face financial difficulties in their first month of employment, disproportionately affecting individuals from lower income backgrounds. We therefore call on the BMA to:</p> <ul style="list-style-type: none"> i. survey Foundation members about their experiences of relocation, daily living & commuting expenses in the period before their first paycheque. ii. lobby NHS Employers to implement measures such as salary advance options for new FY1 doctors suffering from financial difficulties.
J1082	57	<p>Motion by EAST OF ENGLAND RJDC That this conference believes that International Medical Graduates are vital and valued colleagues. Due to the complexity and difference of the NHS to other healthcare systems it is important to give International Medical Graduate's appropriate time to adapt to the NHS before being in a training program. Greater familiarity with the organisational infrastructure is likely to reduce errors that arise from working in an unfamiliar setting. We therefore call on the JDC to lobby HEE to mandate a minimum period of 4 – 6 weeks to shadow a senior colleague prior to taking on their clinical duties, and that this period be included in the job contract and be fully paid as part of the monthly salary.</p> <p>THE NHS</p>
J1004	58	<p>Motion by SEVERN RJDC That this conference notes that juniors doctors in their first years of NHS service have limited access to employment benefits such as maternity pay, sick pay and death in service benefits, and calls upon the BMA to lobby NHS employers to recognise the final calendar years study at a UK medical school as NHS service for the purposes of entitlement to such benefits.</p>
J1006	59	<p>Motion by SEVERN RJDC That this conference notes the stress and exhaustion experienced by junior doctors during the pandemic. We call on government to recognise this and grant all junior doctors in the NHS 5 additional days of annual leave, to be taken over the next two years.</p>
J1068	60	<p>Motion by SCOTTISH JDC This conference acknowledges the difficult task faced by those who manage junior doctor rotas, often with limited or non-existent training and support. We note the problems that arise and consequential contractual breaches that contribute to the workload of our representatives and staff. We therefore ask the BMA to help educate rota coordinators (for each of our constituent four nations) in order to better perform role by:</p> <ul style="list-style-type: none"> i. implementing a series of training sessions, either locally or virtually. ii. creating an e-learning module accessible to all such individuals, regardless of BMA membership. iii. working with relevant stakeholders to actively promote such resources.

J1020	61	<p>Motion by EAST MIDLANDS RJDC That this conference deplores the persistent underfunding the NHS and post graduate medical training in the United Kingdom and calls upon the BMA Junior Doctors Committee to</p> <ol style="list-style-type: none"> lobby the Department of Health and Social Care and devolved governments to undertake an urgent review of the realistic cost of fully training doctors in all specialities insist that the education and training tariff in each nation is matched to the realistic cost of fully training doctors in each speciality work with Royal Colleges and national health education bodies to ensure that all training strives for the excellence expected of the NHS.
J1022	62	<p>Motion by YORKSHIRE RJDC That this conference notes the BMA's opposition to the charging of overseas visitors using the NHS. We therefore call on the BMA to adopt these strategies in order to reduce patient harm caused by charging:</p> <ol style="list-style-type: none"> Condemn accident and emergency departments who use any process leading to the identification of chargeable patients Lobby NHS workers to submit datix/AEFs when they witness harm caused by charging (e.g. avoidance of seeking medical attention, withdrawal from treatment) Undertake a review using case studies, highlighting any negative outcomes as a consequence of charging and bring this report to the attention of the Home Office Work in collaboration with groups such as Patients Not Passports and Medact to create training materials for NHS staff, informing staff of their role and the process of charging overseas patients
J1033	63	<p>Motion by NORTH WEST RJDC That this conference notes the significant challenges faced by the parents of premature babies and calls for the BMA to actively lobby for:</p> <ol style="list-style-type: none"> Change to legislation so that non-compulsory maternity leave does not have to start until the point of the baby's discharge from the neonatal admission. Universal access to paid statutory parental leave for the duration of the inpatient neonatal admission for both parents. Occupational parental leave for prematurity for NHS staff to be paid at the level of full pay for the duration of the inpatient neonatal admission. Paternity leave not to be consumed in the provision of any parental leave for prematurity for the inpatient stay, to allow new fathers to take paternity leave on or after discharge.
J1072	64	<p>Motion by NORTHERN IRELAND JDC That this conference finds the practice of Gay conversion therapy to be unethical and damaging.</p> <p>We call on the BMA to:</p> <ol style="list-style-type: none"> Lobby the UK government to ensure this damaging practice is banned. Lobby the GMC to introduce sanctions up to and including erasure of medical practitioners performing gay conversion therapy. <p>PUBLIC HEALTH</p>
J1032	65	<p>Motion by NORTH WEST RJDC That this conference notes that LGBT people face inequalities when accessing healthcare. LGBT people are being put further at risk by real-terms cuts to sexual health, mental health and drug and alcohol services. Therefore,</p> <ol style="list-style-type: none"> The board of science should review evidence relating to increasing health inequalities LGBT people face, The BMA should lobby to reverse cuts and increase funding to services to address any inequalities the report finds, The BMA should lobby to increase funding to gender services to help address the extreme wait times faced by transgender and non-binary individuals.
J1073	66	<p>Motion by NORTHERN IRELAND JDC That this conference believes that all countries should have timely and affordable access to COVID vaccines. We call on the BMA to</p> <ol style="list-style-type: none"> Request that the UK government actively lobby manufacturers to distribute COVID vaccines at cost prices in developing countries; Lobby the UK government to ensure any excess COVID vaccine doses are distributed to those in developing countries

DEVOLVED NATIONS

- J1075 67 **Motion** by WELSH JDC That this conference believes that the Welsh language plays a vital role in the delivery of healthcare in Wales, as reflected in the NHS Wales Workforce Strategy. This conference therefore encourages the BMA to:
- i. lobby HEIW to provide and promote additional resources for junior doctors to learn the Welsh language;
 - ii. lobby HEIW to include Welsh language courses within the eligibility criteria for claiming study leave and budget;
 - iii. promote greater internal use of the Welsh language within BMA Cymru Wales.

THE BMA

- J1005 68 **Motion** by SEVERN RJDC That this conference notes that an annual one day conference is an outdated mechanism for BMA Junior Doctor members to contribute towards policy making and calls upon the BMA Junior Doctors Committee to consider alternative, more modern, responsive and engaging ways for members to contribute towards policy making.
- J1007 69 **Motion** by NORTH THAMES RJDC That this conference
- i. Believes that the current system of expenses is not fit for purpose, is open to abuse and is failing local representatives, particularly those working less than full time.
 - ii. Calls for a full review into the expenses system which would propose reforms to properly and fairly remunerate local and national reps equally through membership benefits, membership discounts and access to the honoraria and expenses systems.
- J1081 70 **Motion** by EAST OF ENGLAND RJDC That this conference notes that making evidence based outcomes and research available to the negotiators during contractual negotiations will largely improve the BMA's leverage during negotiations with HEE and improve chances of securing contractual wins / improvements in the future. This conference deems it necessary for the BMA to commission various bursaries & research grants periodically, with the express aim of commissioning research by any of its junior doctor members on junior doctor related matters within their region.
- J1083 71 **Motion** by EAST OF ENGLAND RJDC That this conference acknowledges that any Junior Doctor seconded from the NHS to work in the BMA should be rostered whilst working in their BMA time under the same contractual safeguards of the 2016 Junior Doctor Contract. This is to ensure the personal health of the individual, avoid burnout and improve the retention rates of Junior Doctors working for the BMA.
- J1084 72 **Motion** by EAST OF ENGLAND RJDC That this conference is appalled by the lack of secretarial support provided to the junior doctors elected to the regional committees, which is reflected in outdated and inaccurate Regional Junior Doctor Committee BMA web pages, the lack of personalised BMA email accounts for committee members, and the fact that regional teams are left on their own to create their team's online accounts should they wish to (Twitter, Instagram, Facebook). We ask the BMA to modernise, improve and expand these resources to help encourage and support regional engagement in the BMA.
- J1086 73 **Motion** by EAST OF ENGLAND RJDC That this conference is encouraged by the recent increase in awareness of Workforce Neurodiversity (Autism, ADHD, Dyslexia, Dyspraxia etc) within the NHS and calls upon the BMA to form a dedicated national committee within the BMA, that would support and advise Neurodivergent doctors, including in matters related to any work related accommodations, job-planning, workplace discrimination or any breach of the Equality Act 2010. Our aim is to have a dedicated National team comprising trained Neurodivergent medical and non-medical staff with regional reps who can represent their Neurodivergent colleagues at the national level.

OTHER

J1031 74

Motion by NORTH WEST RJDC That this conference notes the Employment Tribunal Case of Dr Claire Connolly, in which HEE are arguing for case dismissal; and the joint statement Whistleblowing and Health Education England: Guidance. The case highlights ongoing concerns surround the power and influence of HEE and devolved nation equivalents without protection in employment law. This conferences requests JDC review the joint statement with HEE considering this case.

J1079 75

Motion by WELSH JDC That this conference recognises the work done by junior doctors for the management of departmental team rotas. This work is not re-numerated, is often time consuming, is done without training in management and leadership and carries a significant burden of responsibility.

The conference encourages the BMA across all 4 nations to:

- i. Lobby NHS employers to be contractually obliged to provide pay awards to those undertaking rostering work
- ii. To limit the pay award to two years during any training period.
- iii. Ensure that an appropriate management course is undertaken prior to the pay award being granted to ensure the trainee is appropriately prepared.

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