



# BMA Medical Students Conference **Agenda and guide**

BMA HOUSE, LONDON  
25-26 APRIL 2014

[bma.org.uk](http://bma.org.uk)



# Contents

Welcome from the Conference Chair	2
Welcome from the Co-Chairs of the Medical Students Committee	3
Tips and things to remember	4
Conference Programme	6
Deadlines	8
Part 1 of the Agenda	9
Part 2 of the Agenda	25
Medical Students Conference Standing Orders	47
Conference Process – A Guide	52
Conference Debate – A Guide	54
Conference Top Table	59
Standing for Election	62
Medical Students Committee	65
MSC Subcommittee and Devolved Nation Reports	67
Abbreviations commonly used in the BMA	76

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# Welcome from the Chair of the Medical Students Conference 2014

Dear Delegates

Congratulations on obtaining your place at the BMA Medical Students Conference 2014! London has always been a vibrant global hub, and it is with great pleasure that I welcome you to Conference here at the very heart of our organisation - BMA House. I hope that you will agree it is a wonderful venue, and I anticipate that it will host a remarkable two days of debate, workshops and entertainment.

Over the past year the Agenda Committee and I have been working hard with representatives from all the UK medical schools and we have prepared an agenda which reflects the issues that have been pertinent to medical students and future doctors.



**Theofilos El Sayed Omar**  
Chair, Medical Students Conference 2014

Conference is your opportunity to directly shape the work of the Medical Students Committee as motions that are passed will form its working policy in the upcoming year. Thus this is your chance to get your voice heard and to debate the key topics affecting your medical education and your future career in the NHS. During these two days, our agenda and workshops will be addressing the medical curriculum, the foundation programme, student finance, private medical schools, and national exams to name just a few issues. I urge you to read through the agenda and make yourself aware of current issues both locally, through gauging the feelings of your fellow students, and nationally, by reading media reports and BMA briefings. This will ensure that you feel confident in contributing and to see if there is anything that you wish to argue for or against during the debates. We do not need you to be an expert, but we do want you to have an opinion and argue for it coherently.

Another aspect of conference is hearing from the current officers of MSC and finding out what work has been done on your behalf during their time in office. This has been a very busy year for the committee and I'm sure you will be interested in asking them questions and to also hear first-hand about the issues on which the BMA has represented you. On Friday you will also have the opportunity to attend one of our esteemed workshops. This year we selected workshops with the aim of equipping students with practical representation skills as well as informing you about issues that are currently facing the profession. I hope you find these interesting and useful.

Fresh to Conference this year, we will be implementing a brand-new formal debating style for controversial motions. This will allow a greater number of student perspectives to be heard in order to better embody your views as the representatives of 42,000 UK medical students. There will also be several informal and entertaining open debate sessions on contentious medical topics throughout the two days, in which I hope you will all feel able to participate.

Being one of the representatives from your university comes with it the responsibility of representing the views of your colleagues. Therefore, it is very important that you are not shy in contributing to the debates - so get really involved! The Agenda Committee will also be delivering a 'teach in' session designed to help you get to grips with the debating process, and we always look forward to hearing first time speakers on the podium. Indeed, I will give you preferential treatment when selecting those to speak, and we will be awarding the "First Time Speaker" award for the best contribution from a new face!

Most importantly, conference is a chance for you to enjoy yourself. It is a rare opportunity to meet likeminded people from all over the country whilst contributing to debates that could shape the policy of a hugely influential organisation. Please come and introduce yourself to the Agenda Committee who will make themselves known to you early during Conference. If you have any problems or questions, we will usually be located in our 'pit' at the front of the hall.

We have made numerous changes to this year based on the feedback of delegates and we hope that this will enhance your Conference experience. Feedback is always important to the smooth running of a Conference so please feel free to share your thoughts with us at any time and on the feedback forms.

Whether you have already been involved with the BMA or are a complete newcomer, I hope that you gain a lot from these two days and leave feeling enthusiastic and empowered about medico-politics.

I look forward to meeting you.

**Theofilos El Sayed Omar**  
**Chair, Medical Students Conference 2014**

# Welcome from the Co-Chairs of the BMA Medical Students Committee 2013-14

Dear conference,

As Medical Students Committee Co-Chairs we would like to take this opportunity to warmly welcome you to this, the BMA's Medical Students Conference. Conference season is a very exciting time of the year for all the branches of practice at the BMA. The decisions on motions which you will make over the coming two days will shape the future of the BMA and set the policy agenda for the Medical Students Committee.



**Harrison Carter**  
Co-chair, Medical Students Committee  
2013-14



**Andrew Wilson**  
Co-chair, Medical Students Committee  
2013-14

This year, we have faced many challenges and we would like to take this opportunity to commend the MSC Executive Committee and the national committee for all the hard work and effort which they have put into discharging their duties as representatives of all UK medical students. We are particularly proud of the number of first-time MSC reps on the committee this year. This reminds us of the importance of the views of our grassroots members, and the need to encourage even the most junior medical students to get involved. We are the future of both the Association and the profession!

It is that future which we have tirelessly worked this year to secure. Over the course of the next two days you will hear a lot about the work the MSC has been doing on students' behalf, but here we would like to focus on just two key developments. Oversubscription reared its ugly head for a fourth successive year and we engaged constructively with stakeholders to critically examine long-term proposals to resolve this problem. We entered the conversation with the core principles that any solution should maintain UK medical excellence at the same time as promoting patient safety, and we hope that the MSC's input to the debate has highlighted with all parties the need to safeguard medical graduate employment into the future.

In addition, the final report of the Shape of Training review led by Professor David Greenaway provided a new perspective on the landscape of postgraduate medical education. The report recommended hugely significant changes in the way junior doctors are trained, but it also proposed bringing forward the point of full GMC registration, which could have an enormous impact on medical students. The BMA's response, with input from the MSC, strongly rebuffed recommendations that will adversely affect standards of medical training, and it is partly through sound policy developed at conferences like this one that the BMA has such a persuasive and credible voice in the debate.

Your Agenda Committee has developed a great programme for the next two days and we hope you enjoy all aspects of the conference: the debating, educational events and social events. Please come and say hello while you're here, we are looking forward to meeting you all.

**Harrison Carter & Andrew Wilson**  
Co-Chairs, Medical Students Committee 2013-14

# Tips and things to remember

## This Agenda and Guide





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

## Registration

Registration will take place from 11.45 on Friday 25 April 2014, at BMA House. You will be issued with a badge and welcome pack and asked to sign the attendance sheet. The registration desk will be open for enquiries throughout the Conference. Please make sure that you sign the attendance sheet on each day so that you may claim your expenses (see below).

## Badges

Please wear your badge at all times while you are at the Conference. The colour code is as follows:

	Delegates Blue
	Speakers/Chairs Green
	BMA Staff Black
	Agenda Committee Red

## Travelling Expenses

Please hand in your claim form for travelling and subsistence expenses, as well as your feedback form, before you leave the Conference. Please note that receipts are required for each claim made regardless of cost and must be handed in with your expenses form. As a result of requiring receipts, you may, if you wish, post your expenses forms to the MSC secretariat at a later date.

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

## Catering Arrangements

Breakfast will be served in your hotels. Lunch on Friday & Saturday 25 & 26 April will be provided at BMA House. Dinner on Friday night will take place in the Snow and Paget Rooms at BMA House. Those delegates unable to travel home on the Saturday evening and staying in London will need to make their own arrangements for dinner. Please check your programme for meal times.

## Quiet/Prayer Facilities

There will a quiet/prayer room available in BMA House. For room information, please ask a member of Agenda Committee (AC) or secretariat.

## Mobile Phones, Bleeps and Pagers

Mobile phones, bleeps and pagers must be switched off during the Conference. Anyone whose phone disturbs the Conference will be asked to make a donation to charity. Please note that, even when switched to silent, these electronic devices interfere with the PA system in the Conference Chamber.

## No-smoking Policy

Please note that the BMA operates a strict no-smoking policy at all of its events.

### Speaker Prizes

There will be a number of prizes awarded to the best speakers at Conference, including a prize for 'best speaker', 'best first-time speaker' and 'best delegation'. The Agenda Committee has organised a teach-in session on Friday to advise you about how Conference works. We hope it will give you the encouragement to speak at Conference.

### Media Coverage at Conference

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

Criticism or praise of the policies of any party is part of normal BMA activities, however, the BMA is an organisation free of party political allegiances and you should bear in mind that the BMA's public image and credibility thrives on its political neutrality.

In addition to maintaining political neutrality you must avoid defamation; that is, 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.

Defamation comes in two forms – libel which is the written or broadcast word and slander which is the spoken word. The law of defamation also applies to postings on the internet.

It should be noted that the following are among the defences to a claim of defamation: (a) justification – this means being able to show that what was said is true; (b) fair comment on a matter of public interest – an honest expression of opinion; and (c) privilege – where a statement is made in the discharge of public or private duty.

Where it is necessary to mention individuals, care should be taken to ensure that no gratuitous or unsustainable comment is made. Unsubstantiated information should not be given about individuals and/or organisations.

### Dress Code

The dress code for Conference is relaxed, and whilst some of the Agenda Committee will be wearing suits because we are on the stage the whole time, as a general guide, what you wear for your lectures at your medical school will be suitable for Conference.

Please note that the dress code for the reception and dinner is smart. The dinner will be 'Secret Agent' themed.

# Conference Programme

## Medical Students Conference 2014

**BMA Medical Students Conference**  
**BMA House**  
**25 & 26 April 2014**

### Programme and Timetable

#### Friday 25 April 2014

11.45 – 12.00	Registration
12.00 – 12.30	Lunch
12.30 – 12.45	Welcome from Chair of Conference
12.45 – 13.00	Speech from BMA President, Sir Sabaratnam Arulkumaran
13.00 – 13.15	Speech from MSC Co-Chairs
13.15 – 14.30	Workshops
14.30 – 14.45	<b>Refreshments</b>
14.45 – 15.00	Accountability session
15.00 – 15.15	Teach-In
15.15 – 17.15	Part One of the Agenda
17.15 – 17.25	Open Debate #1
17.25 – 17.30	Debrief of Day and election information

**18:00 hrs Deadline for any motions from workshops**

19.30 – midnight	Gala Dinner and Social Event
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## Programme and Timetable

### Saturday 26 April 2014

09.30 – 09.35	Introduction to Day Two
09.35 – 09.50	Speech from Chair of BMA Council
09.50 – 10.00	Junior Doctors Contract Negotiations update
10.00 – 10.15	Open Debate #2
10.15 – 12.30	Part One of the Agenda

#### **12:30hrs Deadline for election nominations**

12.30 – 13.15	<b>Lunch</b>
13.15 – 14.00	Part One of the Agenda
14.00 – 14.15	Open debate #3
14.15 – 14.30	Introduction to Candidates and Voting
14.30 – 15.00	Part One of the Agenda Part Two of the Agenda: Balloted motions, workshop motions and matters arising from Conference
15.00 – 15.20	<b>Refreshments</b>
15.20 – 16.20	Part Two of the Agenda: Balloted motions, workshop motions and matters arising from Conference
16.20 – 16.30	Close and election results





# DEADLINES

Submission of amendments and riders:	<b>15.30, Friday, 25 April 2014</b>
Submission of Workshop Motions:	<b>18.00, Friday, 25 April, 2014</b>
Receipt of voting papers for Part 2 of the Agenda:	<b>18.00, Friday, 25 April 2014</b>
Submitting nominations forms:	<b>12.30, Saturday, 26 April 2014</b>
Receipt of voting papers for elections:	<b>to be announced Saturday, 26 April, 2014</b>

# Order of Business

## Friday 25 April 2014

- 1. Welcome and Introductions**  
Welcome from the 2014 Chair of Conference.
- 2. Minutes of the 2013 MSC Conference**  
Approval of minutes of the previous MSC Conference held on Friday 5 and Saturday 6 April 2013 (previously emailed to delegates).
- 3. Conference Standing Orders**  
Approval of Standing Orders for 2014 Conference (see page 47)
- 4. MSC Subcommittee and Devolved Nation reports**  
Receive reports from MSC Finance, Education and Welfare Subcommittees as well as from Northern Ireland MSC, Welsh MSC, and Scottish MSC.
- 5. Action on 2013 Resolutions**  
Receive resolutions and actions from the 2013 Conference (previously emailed to delegates).
- 6. MSC Policy**  
Approval of proposed lapsed motions from the MSC Policy Guide (previously emailed to delegates)
- 7. Debating Part 1 of the Agenda**  
See over for motions to be debated.

# Part 1 of the Agenda

## FINANCE

### Student Financial Support

- 1 **BRI1000 Motion by BRISTOL MEDICAL SCHOOL** This conference notes with concern that student loans are linked to parental earnings. However many students are not supported financially or even in their choice of degree by their parents. As a result finances can be a barrier to entry for students. It is therefore proposed that:
- all students should be assessed independently of their parental income for student finance purposes.
- 2 **CAC1000 Motion by CONFERENCE AGENDA COMMITTEE** This conference: Understands that medical students generally incur costs above and beyond their student colleagues through travelling back and forth to their clinical attachments. Therefore calls for the BMA MSC to lobby medical schools to:
- i) Offer access to travel expenses with a minimum requirement of partial reimbursement for all students
  - ii) Cover the full costs of travel to those students known to the medical school suffering with financial hardship, as part of their commitment to widening access
  - iii) Issue travel passes for public transport to facilitate travel to and from clinical placements.
- 2 a **LIV1000 Motion by LIVERPOOL MEDICAL SCHOOL** This conference: Understands that medical students generally incur costs above and beyond their student colleagues through the usage of public transport/ petrol by travelling back and forth to their clinical attachments. Therefore calls for the BMA MSC to lobby:
- (i) UK universities to offer at the minimum partial travel reimbursement to all students to assist in reducing the financial pressures these extra costs generate
  - (ii) UK universities to cover the full costs of travel to those students known to the medical school suffering with financial hardship, as part of their commitment to widening access.
- 2 b **GLAS1002 Motion by GLASGOW MEDICAL SCHOOL** This conference:
- i) is far too aware that travel expenses are a major burden on students, especially those required to be on placements far from their campus without accommodation
  - ii) acknowledges the hard work of, in particular, Glasgow, Edinburgh and the SMSC in increasing travel expenses reimbursement for students at those schools for certain hospitals
  - iii) urges the BMA to enable students to all have fair access to travel expenses by lobbying medical schools to ensure resources are in place for this

2 c

**BRI1002 Motion by BRISTOL MEDICAL SCHOOL** This conference is concerned about the difficulties faced by and the cost to medical students of travelling to and from clinical placements. It is often assumed by the medical school that a large proportion of students can afford to use a car as means of transport to their placements. We propose that UK medical schools should issue travel passes for public transport to facilitate travel to and from clinical placements.

3

A

**FIN1000 Motion by FINANCE SUBCOMMITTEE** This conference laments the lack of financial assistance for graduate-entry students on five year undergraduate courses.

Therefore, this conference calls on the MSC to:

- i) Highlight the current lack of financial support for graduates on five year courses
- ii) Work with the Department of Health, NHS Business Service Authority, the Department for Business, Innovation & Skills and other relevant bodies to investigate all avenues of future funding for these individuals.

4

**KEELE1000 Motion by KEELE MEDICAL SCHOOL** This conference:

- i) Recognises the financial strain travelling to medical school placements puts on students
- ii) Identifies that current national travel bursary arrangements apply only to those students in years 5 of study onwards, and only to whom are eligible for the full NHS bursary
- iii) Recognises that there is a wider umbrella of students who do not qualify for financial travel assistance within the current terms, and of which are equally burdened financially
- iv) Recognises that despite many medical schools providing independent funding, this is not officially standardised or guaranteed for each year
- v) Calls on the BMA to lobby and liaise with the relevant financial bodies in order to secure financial support for all students undertaking significant travelling costs within their medical degree.

## Funding of Higher Education

5 **EDIN1000 Motion by EDINBURGH MEDICAL SCHOOL** This conference believes:

- i) The student loan book should remain publicly owned.
- ii) The loan conditions should not be changed in any way that will detriment the former students holding these loans
- iii) Students from poorer backgrounds are particularly debt-averse and due to the length of course, medical students will be particularly disadvantaged by any increase in repayments

And resolves:

- iv) To publicly oppose the sale of the student loan book and raise awareness of this subject amongst medical students.

6 **BARTS1001 Motion by BARTS AND THE LONDON MEDICAL SCHOOL** This conference supports a cap on the fees of international medical students.

## MEDICAL STUDENT CONFERENCE

7 \* **UCL1001 Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL** This conference:

- i) Notes the MSC's decision to remove Medsin's non-voting observer seat from the MSC constitution
- ii) Values Medsin's special expertise and contribution to BMA policy on public health and health equity
- iii) Calls upon the Agenda Committee to permit Medsin to submit conference motions by amending standing orders as appropriate and to review this decision annually.

7 a **LIV1001 Motion by LIVERPOOL MEDICAL SCHOOL** This conference :

- i) Recognises that Medsin plays a pivotal role in representing the interests of British medical students at the International Federation of the Medical Students' Association and is an important platform through which the BMA can shape international health workforce agendas.
- ii) Calls for greater cooperation between the two bodies with a view to mobilising students in matters of shared interest.
- iii) Demands that Medsin retains the right to submit motions irrespective of membership of the MSC.

## MEDICAL STUDENTS COMMITTEE

- 8 **CAC1001 Motion by CONFERENCE AGENDA COMMITTEE** That this conference calls for the reform of the MSC, to include:
- (i) Moving the MSC calendar such that all positions (including those elected at the first quarterly MSC meeting) are filled in time for fresher fairs at UK medical schools
  - (ii) Incorporating a formal handover between former and upcoming MSC reps/ISC chairs in their role responsibilities and at the MSC training day
  - (iii) Offering additional support to newly elected reps including workshops and reviews
  - (iv) Asks that the MSC also considers the options for additional areas of reform.
- 8 a **RSLG1000 Motion by REGIONAL SERVICES LIAISON GROUP** That this conference calls for the reform of the MSC, to include:
- i) Moving the MSC calendar such that all positions (including those elected at the first quarterly MSC meeting) are filled in time for fresher fairs at UK medical schools
  - ii) Incorporating a formal handover between former and upcoming MSC reps/ISC chairs in their role responsibilities and at the MSC training day
  - iii) Asks that the MSC also considers the options for additional areas of reform.
- 8 b **BARTS1000 Motion by BARTS AND THE LONDON MEDICAL SCHOOL** This conference believes more training should be offered to new elected reps in the form of:
- i) Offer new representatives comprehensive role-specific workshops
  - ii) Regular support and reviews with the MSC until they are confident in undertaking the responsibilities of their position
  - iii) a requirement of a formal handover between the representatives at the MSC training day.

## THE FOUNDATION PROGRAMME AND FURTHER TRAINING

9 **OXF1000 Motion by OXFORD MEDICAL SCHOOL** This Conference believes:

- i) That the introduction of the Situational Judgement Test (SJT) has been beneficial in preparing students for some of the challenges they might face as FY1 doctors
- ii) That the public will want reassurance that standards of care and patient safety will be upheld in light of the move to grant full registration to doctors at the very beginning of their careers
- iii) That patients value both professional attributes (as defined in 'Good Medical Practice' (2013) and tested in the SJT) and sound clinical acumen in their doctors

This Conference resolves:

- iv) To support HEE's proposal to bring forward full GMC registration and to introduce a national licensing exam in addition to individual medical school final exams
- v) To lobby HEE to ensure that the new national licensing exam includes questions testing students' knowledge of key clinical presentations so as to ensure continued patient safety in light of the system overhaul.

### Application to the Foundation Programme

10 **EDU1000 Motion by EDUCATION SUBCOMMITTEE** This conference believes that additional points awarded under the 'educational achievements' section of the Foundation Programme Application System (FPAS) promotes diversity of knowledge; encourages further medical research; accredits excellence amongst medical students and fulfils requirements outlined by Tomorrow's Doctors (2009). Therefore, this conference calls upon the MSC to:

- i) Continue to lobby the UKFPO and Medical Schools Council to ensure that these additional points remain
- ii) Ensure student views are consulted during change to the selection process
- iii) Ensure that any changes to FPAS are communicated several years in advance and in an appropriate manner to medical students
- iv) Continue to oppose the removal of these points from the FPAS
- v) Consider a method for students to declare their extra-curricular achievements as part of the FPAS selection process.

- 10 a **MANC1005 Motion by MANCHESTER MEDICAL SCHOOL** This conference believes that the extra-curricular achievements of medical students are valuable to both the individual and the wider workforce. Recognising the importance of such activities will promote the diversity, excellence and self development of medical students as in line with the values set out in *Tomorrows Doctors* (2009).

Therefore this conference calls upon the BMA to:

- i) Lobby the Medical Schools Councils to ensure that the extra-curricular achievements of prospective medical students are recognised during the selection process
- ii) Lobby the UKFPO to provide a method of declaring one's own extra-curricular achievements as part of the Foundation Programme Application System (FPAS)
- iii) Lobby the UKFPO to ensure that the views of medical students are consulted in regard to any prospective changes made to the FPAS
- iv) Ensure that any changes to FPAS are communicated in a timely and appropriate manner to medical students.

- 10 b **STGEO1005 Motion by ST GEORGE'S MEDICAL SCHOOL** This conference is concerned about the lack of notice provided by the UKFPO in regards to changes made to the Foundation Programme to applicants, as many will have already committed to intercalated degrees, publications and so forth only to find that the goalposts have moved at the last minute. We call for the BMA to negotiate with the UKFPO to provide a long term strategy for the allocation of points that is clearly communicated to applicants several years in advance.

## PRIVATE MEDICAL SCHOOLS

- 11 \* **SHEF1000 Motion by SHEFFIELD MEDICAL SCHOOL** This conference recognises that although some private medical schools have been approved by the GMC, there are many potential detrimental consequences for UK medical students and medical education. This conference calls for:
- i) Independent investigations undertaken to ensure that education on clinical placements is not impeded by the overcrowding of hospital wards and GP Practices where there is overlap of catchment areas of private and existing medical schools
  - ii) Private medical schools to be compelled to provide 10% of their intake as scholarship funded places
  - iii) Private medical schools to be compelled to ensure 20% of their intake be state school educated students
  - iv) The GMC to ensure the above are initiated and maintain by such institutions as part of their quality assurance process.



11 a

**LEIC1002 Motion by LEICESTER MEDICAL SCHOOL** This conference believes there is a moral and societal obligation for all private medical schools to actively promote widening participation.

Therefore, this conference calls on the BMA to:

- i) Implore private medical schools to provide sufficient financial aid for local students from non-traditional backgrounds
- ii) Encourage the sharing of examples of best practice widening participation initiatives with private medical schools.

## WIDENING PARTICIPATION

12

**STGEO1000 Motion by ST GEORGE'S MEDICAL SCHOOL** This conference believes that the current Medical Students' Committee policy regarding widening participation and work experience has grown too convoluted and complicated over the years of submissions, despite best intentions. Therefore, it moves to:

- i) Remove policy numbers 6-8 and 292-313
- ii) Mandates the elected Widening Participation Lead to compose a replacement policy document for submission to, and approval by, the Medical Students' Committee.

## ETHICS

13

**CARD1000 Motion by CARDIFF MEDICAL SCHOOL** This conference:

- i) recognises the most recent evidence (National Collaborating Centre for Mental Health, 2011) showing that women undergoing termination of pregnancy are at no greater risk of negative mental health outcomes than women with an unwanted pregnancy who continue with the pregnancy
- ii) Calls upon the BMA to ensure that counselling is offered to all women with an unwanted pregnancy, not only those who choose to undergo a termination. (iii) Replaces the MSC's existing motion (501) on this subject (see below)

*"This conference notes the growing body of evidence for the negative mental and physical health outcomes of termination of pregnancy and believes that in order to ensure fully-informed consent and to safeguard women's health, the MSC and BMA should work with the NHS and appropriate Royal Colleges to ensure that:*

- i) *women requesting an abortion are fully counselled as to all potential physical and mental health outcomes using up-to-date evidence.*

- ii) *doctors actively consider the risks of an termination of pregnancy versus those of continuing the pregnancy before permitting an abortion under Ground C of the Abortion Act 1967.*
- iii) *Each woman having an termination of pregnancy is offered access to post termination of pregnancy counselling, in order to discuss any physical and mental health consequences. [2007]"*.

## WELFARE

- 14      **WELF1000 Motion by WELFARE SUBCOMMITTEE** This conference believes that medical schools should provide the initial Disclosure Barring Service check (previously CRB checks) for free since medical students require a check at point of entry or after 5 years of living in the UK for international students.

## Accommodation

- 15      **WMSC1000 Motion by WALES MEDICAL STUDENT COMMITTEE** This Conference:
- i) Acknowledges that there is a discrepancy in the quality and standards of accommodation provided for students on placement in primary care
  - ii) Acknowledges that the geographical diversity of GP placements can mean students feel isolated, particularly if they are living alone in an unfamiliar environment.
- And calls upon the BMA to:
- iii) Lobby the appropriate bodies to ensure that all medical schools develop appropriate minimum standards for student accommodation in primary care
  - iv) Support that, wherever possible, medical students should be given the option of sharing accommodation with other students, in accordance with the 'Promoting Well-Being' section of the 2013 GMC guidance on 'Supporting Medical Students with Mental Health Conditions.

## Health and Wellbeing

16 **CAMB1000 Motion by CAMBRIDGE MEDICAL SCHOOL** That this conference values diversity amongst the student body, and recognizes that students are far more able to perform to their highest ability when treated with respect and dignity, and hence instructs the MSC to:

- i) Reaffirm the importance of providing a safe and welcoming working and studying environment for Lesbian Gay Bisexual and Transgender (LGBT) students and doctors
- ii) Investigate the provision for and experience of LGBT students across medical schools
- iii) Investigate this experience with particular emphasis given to interaction with the NHS and those currently in the workforce
- iv) Work to combat any negative incidents or environments found during this fact-finding.

17 **NIMSC1000 Motion by NORTHERN IRELAND MEDICAL STUDENTS COMMITTEE** That this Conference:

- i) Welcomes the Medical Schools Council and General Medical Council joint guidance, providing advice to medical schools on all aspects of supporting medical students with mental health conditions
- ii) Calls on the BMA to advertise the Doctors for Doctors service more widely to ensure that medical students members realise they can avail of this service also.

## Student support

18 **LEIC1000 Motion by LEICESTER MEDICAL SCHOOL** This conference

- i) Recognises the need for professionalism of all multi-disciplinary team members including medical students
- ii) Believes that professionalism includes the duty to raise potentially serious issues regarding colleagues, seniors or any healthcare professionals
- iii) Calls for each medical school to provide a simple guideline whereby medical students' concerns can be addressed; including situations where raising concerns with the clinical team would be unsuitable
- iv) Calls on medical schools to name a member/s of staff with whom any professionalism issues can be discussed
- v) Believes medical students should receive assurance that concerns have been investigated within a timely manner.

## THE MEDICAL PROFESSION

- 19            **EXE1000 Motion by UNIVERSITY OF EXETER MEDICAL SCHOOL** This conference notes with regret and dismay that since the 2011 motion, supporting the adoption of global access licensing frameworks, only four medical schools have publicly disclosed such practices. We demand that:
- i) All UK medical schools clear attempts to monitor access of their licensed technologies
  - ii) All UK medical schools consider measures of access when evaluating the success of a license
  - iii) All UK medical schools include access provisions in all licenses for health technologies
  - iv) That the Medical Students Committee report back biennially on their progress in this regard.
- 20            **IMP1001 Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL**  
This conference:
- i) Recognises that medical students can provide valuable insight into the standards of care delivered to patients by healthcare providers during clinical placements
  - ii) Calls on the BMA and NHS Employers across the UK to act upon the recommendation in the Mid Staffordshire Report that healthcare providers actively seek feedback from students on the quality of care they provide and issues concerning patient safety, such as in-placement Quality Improvement Projects (QIPs), and that this should be without repercussions for students involved.

### Terms and Conditions of Service

- 21            **CAC1002 Motion by CONFERENCE AGENDA COMMITTEE** This conference calls for the codification of the rights of medical students (using definitions in the NHS terms and conditions of service) including:
- i) The granting of compassionate leave (including support for students to complete missed work)
  - ii) Adequate notification of unsocial working hours (noting the recommendation in the Royal College of Nursing guidelines of a minimum four week's notice).
- 21 a            **PLY1001 Motion by UNIVERSITY OF PLYMOUTH** This conference believes that:
- i) In addition to emotional support; compassionate leave should be available for all medical students in the event of an emergency, bereavement or considerable hardship affecting a student personally

- ii) Every effort from the respective medical school should be made to ensure that work missed during this period is not detrimental to academic progression and that a more suitable time is found to allow the student to complete missed work.

21 b

**UCL1000 Motion by UNIVERSITY COLLEGE MEDICAL SCHOOL** This conference calls for the codification of the rights of medical students (using definitions in the NHS terms and conditions of service) including:

- i) The granting of compassionate leave
- ii) Adequate notification of unsocial working hours (noting the recommendation in the Royal College of Nursing guidelines of a minimum four weeks notice).

## HEALTH AND SOCIETY

22

**MANC1000 Motion by MANCHESTER MEDICAL SCHOOL** This conference notes that the recent funding cuts to mental health services are detrimental to the care of millions of patients and increases the stigma around their illnesses. With this in mind, this conference calls upon the BMA to:

- i) Lobby the government to increase amount of funding given to mental health services in light of the recent cuts
- ii) Lobby the government to set targets for maximum waiting times for treatment of patients with mental health problems, with the aim of reducing waiting times and thus improving treatment
- iii) Lobby the GMC to help
  - provide medical students with face to face contact with mental health patients during clinical years to increase understanding and reduce the stigma surrounding their illnesses
- iv) Urge and support student representatives of the BMA to promote Mental Health Awareness Week among medical students.

23

**HYMS1000 Motion by HULL YORK MEDICAL SCHOOL** This conference:

- i) Notes the stigma surrounding mental health and the negative impact the media can have on the image of those with mental health problems
- ii) Calls on the BMA to lobby the British Government to include mental health and wellbeing in the National Curriculum in order to create a healthy dialogue in schools about mental health as an effort to reduce stigma, as well as educating young people about their own mental health and encouraging them to seek timely professional help if needed.

## Global Health

24 \* **KCL1000 Motion by KINGS COLLEGE LONDON** This Conference Commends British civilian doctors who offer humanitarian aid in conflict settings including the late Dr Isa Abdur-Rahman and Dr Abbas Khan. It deplores

the lack of access to essential medical care for affected civilians, and the deliberate targeting of both health facilities and personnel and

Resolves that the BMA:

- i) Works closely with specialist humanitarian medical organisations to proactively support British doctors who offer humanitarian aid in armed-conflict zones through awards and guidance
- ii) Continues to publicly condemn regimes such as Syria which utterly disregard medical neutrality and carry on violating International Humanitarian Law
- iii) Lobbies the UK government to place greater international pressure on such regimes, and to continue supporting the innocent victims.

24 a **SWAN1001 Motion by SWANSEA MEDICAL SCHOOL** This conference recognises the increasing number of British doctors volunteering abroad with recognised aid agencies, and calls upon the BMA to lobby to ensure British doctors receive full support from the relevant authorities when facing difficulty in returning back to the UK.

## Public Health

25 **SWAN1000 Motion by SWANSEA MEDICAL SCHOOL** This conference recognises Female Genital Mutilation is prevalent in UK cities despite the amendment to The Female Genital Mutilation Act 2003 protecting victims and prosecuting perpetrators.

It calls upon the BMA to:

- i) Ensure the relevant bodies are utilising government resources dedicated to increasing awareness of FGM
- ii) Ensure doctors are aware of the short and long term effects of FGM through comprehensive medical school teaching, and encouraging postgraduate doctors to attend teaching sessions on this subject.

## EDUCATION

### Assessment & Feedback

- 26 **DUND1000 Motion by DUNDEE MEDICAL SCHOOL** This conference notes that the Situational Judgement Test (SJT) is one of the only scantron examinations medical students undertakes and that this scantron format has led to marking issues in the past – causing unnecessary stress to those affected. We therefore call on the MSC to lobby the relevant organisations to devise an electronic method for conducting the SJT.
- 27 **UEA1000 Motion by UNIVERSITY OF EAST ANGLIA MEDICAL SCHOOL** This conference acknowledges there is a desire for national standardising assessment at the end of medical school that will assure students are ready for foundation years. We propose a formative national OSCE in final year.
- 28 \* **SOUTH1000 Motion by SOUTHAMPTON MEDICAL SCHOOL** This conference recognises that:
- i) There is a discrepancy between the resit policies of different medical schools, with some allowing students to re-sit an entire year and others not allowing resits of a single module
  - ii) Believes that the circumstances that may lead an individual failing an examination should not impact their entire medical degree or potential future as a medical practitioner; and
  - iii) Calls upon the BMA to lobby relevant organisations to ensure that all medical schools allow students to re-sit individual exams, as well as an opportunity to re-sit the year; and
  - iv) Notes that the above should be uniform amongst all medical schools in the United Kingdom to ensure fairness and equality.
- 28 a **BRI1001 Motion by BRISTOL MEDICAL SCHOOL** This conference note with concern that universities have a non-standardised approach to expulsion from medical courses for exam failure. Given that a common standard of competency is expected by entry to F1, it is strongly submitted that:
- i) The BMA should set up a committee to examine the variation in university examination resit policies
  - ii) There should be a common number of resit exams available to students across medical schools.

## Academic Standards, Quality & Resources

29 **BIRM1000 Motion by BIRMINGHAM MEDICAL SCHOOL** The Prescribing Safety Assessment (PSA) is being implemented on a national scale therefore this conference mandates the BMA to:

- i) survey final and penultimate year medical students to establish current standards of teaching
- ii) ensure that a national standard of teaching is provided across all UK medical schools, taking into account the results of said survey.

30 **NOTTS1000 Motion by NOTTINGHAM MEDICAL SCHOOL** This conference believes that:

- i) Medical schools should encourage the use of technology in teaching as this is the shift the medical industry is embracing, and encourage development of IT-savvy doctors
- ii) The BMA and other appropriate organisations should encourage medical schools enable students to study certain appropriate modules independently by promoting further use of digital e-modules alongside core conventional modules
- iii) Schools should provide their whole course contents online on digital format using recorded lectures and digital notes to enable distance learning and promote work life balance.
- iv) urthermore they should provide students with tablet devices to move away from traditional paper books.

## Clinical Placement

31 **STAN1001 Motion by ST ANDREWS MEDICAL SCHOOL** This conference calls upon the Medical Student Committee and the Welfare and Education sub committees to assess how the consultant 7 day working week will shape medical student clinical education and decide whether policies need to be put in place to protect student welfare.

## Intercalation

32 **GLAS1000 Motion by GLASGOW MEDICAL SCHOOL** This conference:

- i) Believes that intercalated degrees are a highly worthwhile and valued opportunity for medical students across the UK and are extremely important in encouraging academia
- ii) Recognises that between universities and even within the same university, students do not have equal opportunities to gain access onto an intercalated degree
- iii) Calls upon the BMA to lobby universities to allow increased numbers of students to participate in these courses.



## Curriculum

- 33            **NEW1000 Motion by NEWCASTLE MEDICAL SCHOOL** This conference calls on the BMA to encourage positive changes to curricula, including contacting the relevant stakeholders to investigate the efficacy of MCQ style examinations.
- 34            **ABN1000 Motion by ABERDEEN MEDICAL SCHOOL** This conference
- i) Recognises that there are a growing number of Physician's Assistants/Associates (PAs) in training and now working in the NHS
  - ii) Requests the BMA call on university's running PA courses to integrate PA's into the inter-professional education workshops
  - iii) Calls on the BMA to ensure that neither student group fails to receive the adequate training levels and that training resources for medical students are not compromised by an increase in PA numbers.

# Order of Business

## Saturday 26 April 2014

### 8. 'A' motions

Consideration of motions designated 'A'. Conference will be asked to vote on the block of 'A' motions without debate.

### 9. Motions from the Workshops

In this section any motions generated from workshops on Friday 25 April will be debated.

### 10. Balloted motions

In this section the five motions from Part Two of the Agenda achieving the highest number of votes in the ballot on Friday 25 April will be debated. If time, further motions will be taken in order of preference as designated by the ballot.

### 11. Debating Part 2 of the Agenda

## Part 2 of the Agenda

### FINANCE

35 **FIN1003 Motion by FINANCE SUBCOMMITTEE** This conference notes the cost to medical students in supplying evidence to support their NHS bursary applications. It therefore calls on the NHSBSA to:

- i) Reduce the amount of documents required as evidence to support an application
- ii) Investigate ways by which students may supply evidence electronically
- iii) Communicate and share information with HM Passport Office and the DVLA so passports and driving licences need not be posted
- iv) If need be, to hold scanning days at individual medical schools.

### Student Financial Support

36 **LEIC1001 Motion by LEICESTER MEDICAL SCHOOL** This conference recognises the importance of the BMA Medical Education Trust in supporting medical students and so believes that the eligibility criteria should be relaxed to bring benefit to a wider group of students.

37 **FIN1001 Motion by FINANCE SUBCOMMITTEE** This conference notes that some MSC finance policy is inappropriate given reforms to student finance over the previous years. This conference therefore requests the MSC's finance sub-committee to conduct a policy review and lapse policy statements no longer appropriate for the current climate of medical student finance.

## Student Funding

- 38 \* **FIN1002 Motion by FINANCE SUBCOMMITTEE** This conference
- i) Calls on the Department for the Student Loans company and the NHS Business Services Authority (and equivalents in the devolved nations) to work more closely together
  - ii) Wishes to ensure that no student is left financially worse off in the years when they are eligible for an NHS bursary, than in previous years of study
  - iii) Calls on the Student Loans Company (and its devolved equivalents) to take into consideration the amount of funding a student receives from the NHS Bursary when calculating how much maintenance to award
  - iv) Asks for the SLC to offer the full maintenance loan if a student is not in receipt of a means tested NHS Bursary
  - v) Believes that a strong proportion of students would prefer to not have their Student Finance Maintenance Loan reduced – even if it means incurring more overall debt
  - vi) Calls for the MSC Finance Committee to work with the student loans company to research potential alternatives for assessing the needs of students who study for extra weeks outside the usual 30 week year.
- 38 a **HYMS1002 Motion by HULL YORK MEDICAL SCHOOL** This conference affirms that clinical medical students who receive only the non-means tested part of the student loan should be entitled to receive an allowance for the extra weeks of study outside the usual 30 week year. It calls for the MSC Finance Committee to work with the student loans company to research potential alternatives for assessing the needs of students who have longer academic terms.
- 38 b **HYMS1004 Motion by HULL YORK MEDICAL SCHOOL** This conference
- i) Calls for the DfES and SLC, Departments of Health and the NHS Student Grants Unit and equivalents to work more closely together
  - ii) Wishes to ensure that no student is left financially worse off in the years when they are eligible for an NHS bursary, than in previous years
  - iii) Asks the Student Loans Company to take into consideration the amount the student received from the NHS Bursary when applying for a student loan
  - iv) Asks for the SLC to offer the full maintenance loan if not in receipt of a means tested NHS Bursary.

38 c **KCL1003 Motion by KINGS COLLEGE LONDON** This Conference notes that a vast majority of students may not be eligible for means-tested bursaries, and yet cannot simply rely on their household income for financial support. It believes that:

- i) A strong proportion of students would prefer to not have their Student Finance Maintenance Loan reduced – even if it means incurring more overall debt in the future

And resolves that:

- ii) The BMA MSC should lobby Student Finance England to stop the mandatory reduction in Maintenance Loans for students in their fifth year of study
- iii) BMA MSC should campaign for greater dialogue between Student Finance England and NHS Bursaries to ensure that financial security can be imparted to as great a number of medical students as possible.

39 **SOUTH1002 Motion by SOUTHAMPTON MEDICAL SCHOOL** Many customer service representatives at Student Finance England are unaware of funding arrangements for students on graduate entry courses and the department that deals with graduate medicine does not provide contact details or timescales for loan processing. This Conference calls on the BMA to lobby relevant departments:

- i) To provide adequate training for customer service representatives about GEP loans
- ii) To provide contact details for the department that processes loans for GEP students;
- iii) To provide a free telephone number for all students who need to contact their loan providers.

## MEDICAL STUDENTS COMMITTEE

40 **SHEF1001 Motion by SHEFFIELD MEDICAL SCHOOL** This conference mandates the MSC to forge closer links with Student Information Officers from the Royal College of Nursing and Nursing Student Representatives from Unison.

41 **CAC1003 Motion by CONFERENCE AGENDA COMMITTEE** That this Conference believes that the MSC policy guide in its current format is unwieldy and reflects poorly on the MSC.

It calls upon the Chair of Conference to rectify this by removing contradictions, repetitions and outdated or irrelevant policy; utilizing combined resolutions to amalgamate policies on a common theme; and presenting a revised guide at the first MSC meeting of the new session.

- 41 a **BIRM1003 Motion by BIRMINGHAM MEDICAL SCHOOL** Currently the MSC policy guide contains 589 policies. Often these are repetitive, contradictory and out-dated. Therefore this conference mandates its chair to critically review the contents of this guide, with a view to amalgamating policies following a common theme and acknowledging the most up-to-date versions of MSC policy.
- 41 b **KCL1004 Motion by KINGS COLLEGE LONDON** That this Conference believes that the MSC policy guide in its current format is unwieldy and reflects poorly on the MSC.
- Calls upon the Chair of Conference to rectify this by removing contradictions, repetitions and outdated or irrelevant policy; utilising combined resolutions if appropriate; and presenting a revised guide at the first MSC meeting of the new session.
- 42 **UCL1005 Motion by UNIVERSITY COLLEGE MEDICAL SCHOOL** This conference requests that medical student representatives on BMA Council present a report at each following MSC meeting, detailing, where permitted:
- i) Debates key to the interests of MSC, and their personal contribution
  - ii) Insight into: wider BMA sentiment, and any other topics requested in advance by the MSC.
- 43 **EDIN1004 Motion by EDINBURGH MEDICAL SCHOOL** The conference believes that BME, LGBT, women and disabled medical students should be represented within the BMA medical committee. These groups of students face unique challenges within medical school and as future doctors. It believes that:
- i) the Welfare deputy chair is already a significant role and the creation of a new deputy chair is needed to adequately focus on the unique challenges faced by minority and under- represented groups of medical students
  - ii) Only those who self-define into these groups should vote for these positions
- And resolves:
- iii) To create four new representatives. These will be BME, LGBT, Women and Disabled representatives.
  - iv) To create one new position on the MSC Executive of 'Minority and under-represented group deputy chair' to be elected from within the four new representatives.

## FOUNDATION PROGRAMME AND FURTHER TRAINING

### Application to Foundation Programme

- 44            **IMP1002 Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL** This conference:
- i) Recognises that medical students and junior doctors feel pressured to undertake academic activities such as audits and publications purely to be competitive when applying for specialty training posts due to a 'tick-box' format for short-listing candidates
  - ii) Notes that some students feel obliged to spend a disproportionate amount of time building their portfolio at the expense of their clinical training
  - iii) Calls upon the BMA and the relevant NHS Employers to encourage more applicants to be invited for interview for specialty posts, and that this interview should focus more on assessing clinical competence.
- 45            **BRI1005 Motion by BRISTOL MEDICAL SCHOOL** That this conference notes with dismay the absence of exit exams for subspecialties in the medical profession and suggests that:
- i) Exit examinations are introduced across all medical specialties to standardise the training program.
  - ii) That they appropriately reflect the standards required for consultant positions
  - iii) That they are fair and are standardised nationally
  - iv) That they are designed and awarded by the respective Royal Colleges.
- 46            **EDIN1001 Motion by EDINBURGH MEDICAL SCHOOL** This conference:
- i) Notes that there is a discrepancy within some medical schools when calculating the Educational Performance Measure scores of transfer and non-transfer students
  - ii) Believes that students within each medical school should have their EPM calculated on an equal footing
  - iii) Mandates the MSC to lobby medical schools to introduce a method of calculating EPMs which utilises the same criteria for all students within each medical school.

47 **A** **OXF1001 Motion by OXFORD MEDICAL SCHOOL** This Conference believes:

- i) That it is beneficial to students to be able to access information that pertains directly to their EPM
- ii) That it is valuable for students to receive regular feedback on their academic performance throughout medical school so that they can monitor their own progress, and this extends to their decile ranking
- iii) That students ought to be made aware of precisely how their decile rankings are formulated by their respective medical schools.

This Conference resolves:

- iv) To lobby medical schools to make decile rankings available to students at regular intervals throughout their course;
- v) To mandate the BMA Medical Students Committee to ensure that the formulation of EPM scores at every medical school is a fair and fully transparent process.

### Education and Training

48 **BIRM1002 Motion by BIRMINGHAM MEDICAL SCHOOL** This conference believes that repetition of assessment achieves nothing but to add extra workload. Therefore, this conference calls on the BMA to lobby the GMC, UK Foundation Programme Office, postgraduate deaneries and medical schools to carry forward procedural assessments passed at medical school into the FY1 year.

### Academic Foundation Programme

49 **EDIN1003 Motion by EDINBURGH MEDICAL SCHOOL** This conference notes:

- i) The lack of published guidelines on how applications to academic foundation programs are ranked.
- ii) That merits and distinctions contribute a significant proportion to the short-listing of applications at the Thames Deanery.
- iii) That policies for awarding merits and distinctions vary considerably between medical schools.

Believes

- iv) That utilising such criteria is an unfair way of comparing students.

Mandates

- v) The MSC to lobby Foundation Schools/Deanaries to publish how applications are ranked.
- vi) The MSC to lobby Foundation Schools/Deanaries to utilise criteria which shows less discrepancy between medical schools.

## WHISTLEBLOWING

- 50 **CAC1004 Motion by CONFERENCE AGENDA COMMITTEE** This conference believes that sustained efforts must be made to remove the subversive stigma surrounding whistleblowing and to improve learning resources and support for medical students regarding this and other difficult issues surrounding professionalism (e.g. use of social media). To this end we call for:
- i) The incorporation of such topics into medical schools' curriculum and assessment
  - ii) Medical schools to publicise local protocols, campaigns and external support structures relevant to their students
  - iii) An assessment of the current system of delivering this information
  - iv) The separation of mental health/welfare services within medical schools from professionalism/fitness to practice panels to encourage students to raise concerns about their own limitations/abilities
  - v) The government to undertake a review of the Public Interest Disclosure Act to ensure the full protection of whistle-blowers.
- 50 a **SOUTH1001 Motion by SOUTHAMPTON MEDICAL SCHOOL** This conference calls upon the GMC to address a shortfall in the teaching of professionalism in the medical curriculum by:
- i) Introducing specific modules which address topics of professionalism such as "whistle-blowing"
  - ii) Ensuring a minimum standard of professionalism is met in graduates through a dedicated assessment in the form of a written or OSCE examination and
  - iii) Providing better learning resources and support for medical students to access regarding difficult issues surrounding professionalism such as "social media".



50 b

**MANC1003 Motion by MANCHESTER MEDICAL SCHOOL** This conference calls upon the BMA to provide more support for whistle-blowers by:

- i) Supporting and collaborating with the Speak Out Safely campaign run by the Royal College of Nurses and the Nursing Times
- ii) Lobbying the Medical Schools Council (or other relevant body) to include in the curriculum education on challenging senior colleagues over poor practise, with the use of simulated scenarios to teach appropriate communication skills. As part of this, for medical schools to promote membership of a professional body (such as the BMA) which can represent student whistle-blowers
- iii) Lobbying the Medical Schools Council (or other relevant body) to separate mental health/welfare services within medical schools from professionalism/fitness to practise panels. The BMA recognises that some students have felt unable to raise concerns about their own abilities and limitations for fear of accusations of non-professionalism
- iv) Publicising the work of Industrial Relations Officers to medical students in BMA freshers' packs and to all new BMA members, so that all are aware of the service if in need of representation or support
- v) Publicising whistle-blowing procedures for University Teaching Hospitals and Primary Care centres, as well as the confidential GMC whistle-blowing helpline (0161 923 6399) for serious patient safety concerns
- vi) Lobbying the government to undertake a review of the Public Interest Disclosure Act to ensure whistle-blowers are taken seriously and are fully protected if they take concerns outside their organisation.

50 c

**NOTTS1001 Motion by NOTTINGHAM MEDICAL SCHOOL** This conference notes the MSC's policy from previous MSC conferences on chaperoning and whistle blowing. However, this conference believes that:

- i) Medical students are still unclear on their stance with regard to the medico-legal protection they are entitled to whilst undertaking or observing incidences in clinical practice
- ii) The BMA with cooperation alongside GMC and other relevant organisations should encourage medical schools to implement a standard course, across all schools, starting from preclinical years – which should clearly spell out the protection offered to students should they need recourse to assistance in a legal or fitness to practice issue.

50 d **EDIN1002 Motion by EDINBURGH MEDICAL SCHOOL** This conference notes:

i) The existing BMA policy on whistleblowing [Feb 2008].

Believes:

ii) Relevant bodies must ensure medical students are made aware of the correct protocols to use when failures in healthcare occur, and the ways in which these may be constructively reported.

iii) The efficacy of the current system needs to be assessed; in particular the role of hospital managers in delivering this information.

iv) The option of delivering this information within the clinical ethics teaching of all medical students should be explored.

v) Sustained efforts must be made to remove the subversive stigma surrounding whistleblowing.

## WIDENING PARTICIPATION

51 **CAC1005 Motion by CONFERENCE AGENDA COMMITTEE** That this conference is concerned by recent media coverage regarding the gender imbalance in medicine and:

i) Believes that arguments that the “feminisation of the workforce” is to blame for all of the NHS’ woes to be poorly researched scape goating.

ii) Asks the MSC to lobby the GMC to widen participation to male dominated specialities.

iii) Recognises that pregnancy should be supported and demands equal access to maternity and paternity leave while working for the NHS.

51 a **CAMB1005 Motion by CAMBRIDGE MEDICAL SCHOOL** That this conference is concerned by recent media coverage regarding the gender imbalance in medicine

i) Believes that women are an asset to the medical profession

ii) Asks the MSC to lobby the GMC to widen participation to male dominated specialities

iii) Recognises that pregnancy should be supported and demands equal access to maternity and paternity leave while working for the NHS.

- 51 b **NEW1003 Motion by NEWCASTLE MEDICAL SCHOOL** This conference abhors the demonisation of female doctors in parliament and the popular press and views the arguments that the “feminisation of the workforce” is to blame for all of the NHS’ woes as poorly researched scape goating.
- 52 **STGEO1001 Motion by ST GEORGE’S MEDICAL SCHOOL** This conference is dismayed by the recent cuts to graduate entry medicine at St George’s, University of London, and believes that these cuts combined with the previous cessation of the Foundation for Medicine course represents a real step backwards in instilling diversity to the workforce. Therefore we call for the BMA to lobby the Medical School’s Council to ensure no further cuts to graduate entry programmes or access to medicine courses.

## WELFARE

### Health and Wellbeing

- 53 **WELF1001 Motion by WELFARE SUBCOMMITTEE** This conference condemns any additional barriers that prevents medical students from accessing basic healthcare, including potential fees forced on international students under the impending 2014 Immigration Bill.
- 54 **UCL1003 Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL** This conference calls for the exemption of international medical students from health levies.
- 55 **A GLAS1001 Motion by GLASGOW MEDICAL SCHOOL** This conference:
- i) Notes there are many benefits to all students in being allowed to pursue extra-curricular activities such as sport with links being made between playing sport and improved mental wellbeing
  - ii) Believes that medical students (especially in later years) do not receive the same opportunities to pursue sport as other students
  - iii) Accepts that the demands of a medical course often limit the ability to free up Wednesday afternoons for sport but that this is variable between schools
  - iv) Calls upon the BMA to lobby medical schools to provide equal access for all students to pursue sport and other extra-curricular activities.
- 56 **A WELF1002 Motion by WELFARE SUBCOMMITTEE** This conference believes that more should be done to promote the prevalence and support available to medical students with mental health issues. This may include a fully-funded national BMA MSC campaign to raise awareness, working alongside other BMA departments.

## Student Support

- 57 **NIMSC1001 Motion by NORTHERN IRELAND MEDICAL STUDENTS COMMITTEE**  
That this Conference:
- i) Recognises the value and importance of a buddy scheme for first time medical students within universities
  - ii) Calls on all universities to encourage the use of a buddy scheme
  - iii) Highlights the need for greater promotion of welfare support for medical students within universities, as many students are unaware of what support services are available at their medical school.
- 58 **CAMB1002 Motion by CAMBRIDGE MEDICAL SCHOOL** That this conference recognises the importance of consistent and accessible welfare provision throughout medical studies.
- i) Believes welfare provision should be tangible and universal
  - ii) Mandates the MSC to investigate levels of burnout across medical schools
  - iii) Mandates the MSC to investigate welfare provisions across medical schools.
- 59 **HYMS1001 Motion by HULL YORK MEDICAL SCHOOL** This conference notes that as medical students often have to travel away from the main university sites for clinical placements they are in essence isolated from the welfare provisions available to other students. This conference calls for:
- i) Improved access to welfare services for all medical students, accessible at all placements, local or peripheral
  - ii) Appropriate services at all sites with trained professionals that can deal with the issues that typically burden medical students
  - iii) Ensure sufficient emotional and remedial support to students who have to resist exams or who have failed
  - iv) Promote the mandatory provision of personal mentors for all students in their clinical years; where regular meetings provide ample opportunity for student concerns to be raised.
- 60 **A UCL1002 Motion by UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL** This conference reiterates previous calls to examine and publish medical schools' adherence to the medical school charter.

## Occupational Health

- 61 **WELF1003 Motion by WELFARE SUBCOMMITTEE** This conference believes that universities should aspire to provide free travel vaccinations for medical students' electives but should never charge more than cost price.

## Accommodation

- 62 **A OXF1002 Motion by OXFORD MEDICAL SCHOOL** This conference believes: That a lack of internet access whilst on placement at District General Hospitals (DGHS) can cause medical students to miss out on valuable teaching opportunities, as well as online educational resources.

This conference resolves that the BMA Medical Students Committee should make renewed efforts to lobby medical schools to ensure that adequate internet access is offered to all students whilst on placement at DGHS, either via Wifi or alternatives such as dongles (mobile internet).

## THE MEDICAL PROFESSION

### Terms and Conditions of Service

- 63 **STGEO1003 Motion by ST GEORGE'S MEDICAL SCHOOL** We call for the BMA to lobby NHS employers to establish a commitment to pay the London Living Wage as a minimum to all staff within the London area.

## HEALTH AND SOCIETY

- 64 **CAMB1003 Motion by CAMBRIDGE MEDICAL SCHOOL** That this conference once again affirms the utmost importance of patient experience, care and safety within the NHS, and views with dismay the constant facts-light verbal attacks on the NHS made by some in government, which negatively affects morale and achieves nothing, and declares that the MSC has no confidence in the attitude of the Secretary of State, Rt Hon Jeremy Hunt MP, towards doctors, nurses and other practitioners within the health service.

- 65 **CAMB1004 Motion by CAMBRIDGE MEDICAL SCHOOL** This conference acknowledges that the National Health Service's ban on the donation of blood by men who have had sex with other men in the past 12 months is irrational and provokes discrimination.

This motion proposes the BMA takes the following actions to combat the blood ban:

- i) To petition for better funding for schemes whose aim it is to diagnose individuals with HIV regardless of sexual orientation
- ii) To initiate educational programmes whose aim it will be to spread education on the following topics:
  - iii) HIV is not a disease that solely affects the gay community
  - iv) Protection during sex is an essential means of preventing contraction of HIV

- v) The educational programmes above could be further supplemented through making condoms readily available for sexually men and women
- vi) To label the NHS' policies regarding the blood donation ban as being discriminatory and not fit in a society like that of Great Britain
- vii) To work towards the introduction of a parliamentary bill to change the policy regarding blood donations by men who have had sex with men.

66

**SHEF1003 Motion by SHEFFIELD MEDICAL SCHOOL** This conference notes that helimed services have saved the lives of many victims of major trauma but is concerned that some major trauma centres do not have a helipad within their proximity. Therefore, this conference calls on the BMA to lobby:

- i) Hospitals which have major trauma centres but no nearby helipad to ensure a priority is given to helipads over other uses of the land, such as car parking
- ii) The College of Emergency medicine and other relevant bodies to include the proximity of helipads in their criteria for the designation of hospitals as major trauma centres.

## Global Health

67

**BIRM1001 Motion by BIRMINGHAM MEDICAL SCHOOL** The current humanitarian crisis in Syria has been of significant concern to the international medical community. This has highlighted the risk that British doctors face working in countries of political unrest. This conference considers that it is the responsibility of the medical community in the UK to respond to the challenges that this situation has raised. To that end we mandate the BMA to:

- i) Remind and encourage their members to acknowledge their professional and moral responsibilities whilst working in areas of humanitarian crisis
- ii) Undertake greater responsibility for doctors working in such countries, including actively encouraging its members to notify them of their departure and maintaining regular contact, in order to monitor their welfare.
- iii) Increase advice, support and practical training for doctors wishing to work in such conditions
- iv) Provide support for doctors and their families following their return from such countries.

## Public Health

- 68      **IMP1003 Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL** This conference:  
conference:
- Calls upon the BMA to more actively impress the health benefits of walking and cycling and to support campaigns to promote these causes, including petitioning NHS Trusts and UK medical schools to provide facilities for students and staff wishing to cycle to placements.
- 69      **SOUTH1004 Motion by SOUTHAMPTON MEDICAL SCHOOL** This conference believes that all tattoo artists and piercists should have to undergo mandatory professional competence in infection control to be licensed to practice within the UK.

## EDUCATION

### Assessment & Feedback

- 70      **KCL1002 Motion by KINGS COLLEGE LONDON** This conference calls on all medical schools to:
- i) Reassess and critically review the weighting that is allocated to OSCEs
  - ii) Use OSCEs for clinical years only
  - iii) Have a set of OSCE stations after each clinical rotation
  - iv) Include 'why/explain' questions in more practical OSCE stations.
- 71      **A      NEW1002 Motion by NEWCASTLE MEDICAL SCHOOL** This conference calls upon MSC to lobby the relevant stakeholders to make delivery of constructive feedback to students who have failed examinations compulsory.
- 72      **UCL1004 Motion by UNIVERSITY COLLEGE MEDICAL SCHOOL** This conference:
- i) Values in-placement assessment in the medical curriculum
  - ii) Is, however, concerned excessive implementation leads to a 'tick-box' culture detrimental to students' learning
  - iii) Therefore calls for renewed guidance from either the GMC and/or BMA on appropriate and productive levels of in-placement assessment students can be expected to undertake.

- 73      **BRI1004 Motion by BRISTOL MEDICAL SCHOOL** That this conference is extremely concerned about the variability in which medical schools award merits and distinctions to their students nationally. We call upon English medical schools to:
- (i) Standardise the level of achievement required for students to be awarded a merit or distinction
  - (ii) To reflect upon a students performance and recognise high achievement
  - (iii) To award such achievement as not to penalise graduate entry students who do not sit the same number of examinations.
- 74      **EDU1001 Motion by EDUCATION SUBCOMMITTEE** This conference welcomes the introduction of the Prescribing Safety Assessment (PSA) to help ensure all graduates attain safe levels of prescribing competency; but acknowledges with concern the national inconsistencies of its implementation and the ambiguity over impact on graduates' prescribing powers as well as support and remediation to be made available to students. Therefore calls for the MSC to lobby:
- i) The PSA group to ensure information is provided to all medical schools with adequate time for student and staff preparation
  - ii) All UK medical schools to provide appropriate support and remediation to students required to re-take the PSA
  - iii) All UK medical schools to standardise implementation of the PSA.

### Academic Standards, Quality and Resources

- 75      **DUND1001 Motion by DUNDEE MEDICAL SCHOOL** This conference
- i) Notes the increasing importance of technology in the delivery of medical education;
  - ii) Notes that access to technology is often limited by financial means and digital literacy
  - iii) Calls on the MSC to lobby medical schools to make provisions for students to access appropriate IT hardware throughout their entire course independent of financial status
  - iv) Calls on the MSC to lobby medical schools to provide education on digital literacy & professionalism to medical students.



- 76            **LIV1002 Motion by LIVERPOOL MEDICAL SCHOOL** This conference notes the introduction of the recent Shape of Training review and the changes in medical training expected to arise from its implementation. Therefore calls for the MSC to lobby UK universities amidst this period of change to ensure that current students have their medical education maintained to the highest standard.
- 77            **SHEF1002 Motion by SHEFFIELD MEDICAL SCHOOL** This conference notes that access to certain journals is variable between medical schools. It thus mandates the MSC's education sub-committee to compile a list of journals it feels every medical student should have access to and:
- i) Lobby medical schools to ensure their medical students have access to these journals
  - ii) Ensure that all of these journals are accessible by BMA members via the BMA library
- 78        **A        STAN1000 Motion by ST ANDREWS MEDICAL SCHOOL** This conference believes that every medical student is entitled access to a level of University-provided careers advice, equivalent to that accessible by other members of that University.
- This conference calls upon
- i) Universities to offer a Careers advisor designated for medical students, whose role is made known to all medical students and whose advice is not limited to medical careers.
  - ii) The Medical Students' Committee's Welfare Subcommittee to monitor the efforts of Universities to provide this Careers Service and encourage use of it.
- 79            **BRI1003 Motion by BRISTOL MEDICAL SCHOOL** This conference is concerned that the standard of teaching at clinical academies attached to a medical school is variable. It therefore proposes that:
- i) A survey should be conducted to evaluate the scale of this problem across UK medical schools
  - ii) If there is found to be a significant discrepancy in the standard of teaching at clinical academies, action should be taken to standardise the clinical teaching students receive.
- 80            **STGEO1004 Motion by ST GEORGE'S MEDICAL SCHOOL** This conference is concerned that medical schools are beginning to establish new courses in the UK to train international students for overseas work. Additional students on campus places additional strain on material and professional resources, so we call on the BMA to investigate the extent of this problem, and establish objective minimum standards with regards to resource provision.

81

**LIV1003 Motion by LIVERPOOL MEDICAL SCHOOL** This conference:

- i) Recognises that there are a multitude of methods of learning and the way medicine is taught amongst UK medical schools and that it is beneficial in that it promotes a diverse cohort of graduates, but that there is often a deficit in pure science in the curriculum of PBL courses relative to their lecture-based counterparts
- ii) Mandates that the BMA MSC lobby UK universities that adopt PBL-style courses to set guidelines to enforce a minimal level of basic science throughout the pre-clinical years and;
- iii) Ensure that all students are allocated an academic advisor as a permanent source of academic support throughout their undergraduate degree.

**Intercalation**

82

**CAMB1001 Motion by CAMBRIDGE MEDICAL SCHOOL** That this conference recognizes the value of different paths to medical practice, the importance of basic scientific research in medical training and as a valid and useful part of medical careers, and thus instructs the MSC to:

- i) Fully integrate MB PhD and intercalating students as full and active members
- ii) Investigate student experience amongst MB PhD students at different universities
- iii) Work with the Board of Science and other relevant BMA bodies to improve the visibility and hence access to research opportunities offered during medical courses.

**Curriculum**

83

**CARD1001 Motion by CARDIFF MEDICAL SCHOOL** Following The Confidential Inquiry into Premature Deaths, this conference calls upon medical schools to ensure that:

- i) Medical students are familiarised with people with learning disabilities and the difficulties they face in accessing services, both within and beyond the scope of psychiatric medicine placements and teaching
- ii) Medical students are made aware of the need to adapt communication and clinical practices to best serve patients with learning disabilities, giving them the best possible health opportunities
- iii) The above points are incorporated into medical school curriculum to ensure that medical students will provide the best care possible to people with learning disabilities once they have qualified as doctors.

- 84            **KEELE1001 Motion by KEELE MEDICAL SCHOOL** This conference:
- i) Acknowledges that not all medical students are made equally aware or prepared by their medical schools to understand the importance and fundamentals of publication in the context of their future medical careers
  - ii) Recognises that this is especially the case for those students in their pre-clinical years and for students at medical schools whom do not include a mandatory intercalation year
  - iii) Calls upon the BMA to lobby the GMC and Medical Schools Council to incorporate this into the wider curriculum across all medical schools.
- 85            **NEW1001 Motion by NEWCASTLE MEDICAL SCHOOL** This conference recognises the strenuous emotional demands placed upon medical students during transition into clinical teaching. Therefore, this conference calls upon educators to implement the following:
- i) Compulsory pre-clinical teaching, covering principles of 'emotional intelligence' and 'resilience' in clinical practice, with 'what to expect' information included
  - ii) Clinical curricula to include further teaching surrounding themes of 'emotional intelligence' and 'resilience' development
  - iii) Course feedback must include sections for any personal difficulties encountered in clinical environments and how effectively these were managed pastorally, where appropriate.
- 86            \*            **MANC1001 Motion by MANCHESTER MEDICAL SCHOOL** This conference:
- i) Believes that medical students should have a good awareness of NHS structure, reform and future direction (especially concerning the Health & Social Care Act 2012) in order to obtain informed opinions and a working knowledge of the NHS's role and its distribution of care, and to effect positive change
  - ii) Calls upon the BMA to promote the inclusion of NHS management and structure, as well as potential changes to said management and structure, into the undergraduate medical school curriculum
  - iii) Calls upon the BMA to educate medical students on how the NHS is changing as an organisation by providing accessible informational videos on their website
  - iv) Calls upon the BMA to further assist in educating medical students on the NHS as an organisation by providing powerpoint presentations that can be distributed to medical schools via representatives.

- 86 a **IMP1005 Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL** This conference:
- i) notes the lack of provision of teaching at medical school regarding the constantly changing managerial and administrative functionalities of the NHS
  - ii) calls upon medical schools to educate their students with regards to the changing political structure and management of the NHS, with the aim of aiding their transition from students to junior doctors working under the NHS framework.
- 87 **MANC1002 Motion by MANCHESTER MEDICAL SCHOOL** This conference recognises that there is a stigma surrounding blood-borne viruses, particularly HIV. We call upon the BMA to:
- i) Assist in the education of medical students on HIV by providing e-learning materials and informational videos
  - ii) Lobby the Medical Schools Council to review and incorporate the following matters surrounding HIV into the curriculum: ethics of partner disclosure, living with a HIV positive diagnosis, current treatment and management options.
- 88 **STGEO1002 Motion by ST GEORGE'S MEDICAL SCHOOL** This conference regrets that teaching on termination of pregnancy is variable across medical schools. As such, we call for the BMA to publish guidance for medical schools to:
- i) Educate all students, regardless of ethical objections, that they should be able to provide women with unbiased information on the options and services available to them
  - ii) Ensure that such teaching is presented in a non-judgmental fashion
  - iii) Teach not just the ethical issues, but also the clinical aspects of management, risks and practical procedures.
- 89 **IMP1000 Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL** This conference:
- i) Notes the lack of provision of medical ethics and law teaching in the later clinical years across medical schools in the UK
  - ii) Calls upon medical schools to look further into how this area of teaching can be improved, under the guidance of allocated medical ethics and law teaching co-ordinators
  - iii) Calls upon the BMA to work with national bodies such as the Institute of Medical Ethics to implement dedicated teaching of medical ethics and law that is consistent across all medical schools in the UK, throughout all years of study

- 90     **A**     **IMP1004 Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL** This conference:  
conference:
- i) Calls for medical schools to highlight to students the GMC guidelines concerning their responsibilities to society and the general public, especially when faced with emergency situations
  - ii) Calls upon the BMA and the MSC to lobby UK medical schools to adopt a curriculum whereby First Aid and Basic Life Support are taught to all first year medical students, with the addition of Advanced Life Support training before graduation.
- 91             **NEW1004 Motion by NEWCASTLE MEDICAL SCHOOL** This conference recognises the significant role which medical students, as future doctors, could play in countering the continuing problem of organ donor shortages. Therefore, this conference:
- i) Wishes medical students to be fully educated on the principles, benefits and issues surrounding organ donation, so as to be better informed when discussing matters with patients or relatives
  - ii) States that teaching regarding discussion of donation with patients (or relatives) should be a compulsory part of communication strands
  - ii) Encourages all students to sign up to the organ donor register and promote the benefits of donation to others.
- 92             **HYMS1003 Motion by HULL YORK MEDICAL SCHOOL** This conference affirms the value of each person and believes that the medical profession must take a lead in defending that value. It calls for the committee:
- i) To continue to seek high quality education for all medical students in care for patients with dementia
  - ii) To actively oppose negative media portrayal of value judgments of disability
  - iii) To lobby appropriate bodies to ensure media portrayal of suicide/assisted suicide abides by WHO 2008 guidelines.
- 93             **SOUTH1003 Motion by SOUTHAMPTON MEDICAL SCHOOL** This conference:
- i) Recognises the importance of brief lifestyle interventions, as evidenced in NHS initiatives such as 'Make Every Contact Count', in addressing health behaviours that contribute to chronic disease; and
  - ii) calls upon all medical schools to incorporate active discussion of patient health behaviours into teaching of consultation skills.

- 94 **CAC1006 Motion by CONFERENCE AGENDA COMMITTEE** The Conference recognises the need to increase cultural awareness and knowledge of migrant health amongst medical students and doctors by:
- i) Increasing provision of information for doctors and medical students on different cultural groups within society and necessary considerations when treating such groups
  - ii) Ensuring, when possible, that medical school placements are culturally diverse, to allow students exposure to as many groups as possible, in preparation for medical practice
  - iii) Facilitating the teaching of migrant health and cultural issues as part of the medical school curriculum.
- 94 a **SOUTH1005 Motion by SOUTHAMPTON MEDICAL SCHOOL** This Conference:
- i) acknowledges both the increasing cultural diversity of the populations the NHS treats and the need to ensure doctors are adequately equipped to treat such populations. The Conference recognises the need to increase cultural awareness amongst medical students and doctors by:
  - ii) increasing provision of information for doctors and medical students on different cultural groups within society and necessary considerations when treating such groups
  - iii) Ensuring, when possible, that medical school placements are culturally diverse, to allow students exposure to as many groups as possible, in preparation for medical practice.
- 94 b **MANC1004 Motion by MANCHESTER MEDICAL SCHOOL** This conference calls upon the BMA to advocate better provision of Global Health teaching in the medical curriculum.
- i) Lobby medical schools to make migrant health teaching mandatory, so that doctors are fully prepared for dealing with this aspect of healthcare
  - ii) Encourage medical schools to offer more student selected components relating to migrant health in the UK
  - iii) Examine ways in which more financial assistance could be made available for intercalation in Global Health related courses
  - iv) Recommend more support is given to student societies providing additional lectures on Global Health issues.

95 **OXF1003 Motion by OXFORD MEDICAL SCHOOL** This Conference believes:

- i) That a first aid qualification, obtained at the beginning of medical school, would allow students to make a more helpful contribution to first aid scenarios outside the clinical setting.
- ii) That such a qualification would enable more students to gain valuable experience in Pre-Hospital Emergency Medicine, whether as volunteers or as paid first aiders.

This Conference resolves:

That the BMA Medical Students Committee should lobby medical schools to offer their students the opportunity to obtain a first aid qualification in their first year of study.

96 **SHEF1004 Motion by SHEFFIELD MEDICAL SCHOOL** This conference believes that despite the increasing recognition of the importance of primary care and the central drive to reduce hospital admissions, medical education remains hospital focused. It calls on the BMA to:

- i) Recognise that there is a need to encourage more high quality students to choose general practice as a career
- ii) Acknowledge and raise awareness of the considerable skills required to be a good general practitioner
- iii) Recognise that general practice is still viewed as 'inferior' to hospital-based medical and surgical specialities by many doctors and that this may discourage students.

97 **SWAN1002 Motion by SWANSEA MEDICAL SCHOOL** This conference recognises the utility of ultrasound machines for aiding junior doctors with common tasks such as difficult cannulations and therefore calls for the BMA to work with relevant bodies, promote the development and implementation of a short training course aimed at final year students to help them develop the skills to utilise this technology.

## MISCELLANEOUS

98 **KCL1001 Motion by KINGS COLLEGE LONDON** This conference believes that The National Student Survey (NSS) is most applicable to a traditional three-year academic degree, and does not fully represent student opinion of clinical placements and professional training, necessary to incentivise improvements in medical education.

It resolves that the BMA MSC should investigate the form of, and feasibility of a 'National Health Schools Student Survey', including feedback on specific clinical providers and should work with Health Education England to implement such a survey

# Medical Students Conference

## Standing Orders

The following guidelines shall be reviewed and approved by the Conference Agenda Committee (AC) annually.

### Members of Conference

The membership shall be:

- (a) Representatives from each medical school in the UK
- (b) All members of the Medical Students Committee, representing medical schools in the UK;
- (c) All other voting members of the Medical Students Committee<sup>1</sup>;
- (d) The Chairs of the Devolved Nation Medical Students Committees;
- (e) All members of the AC who do not fall within (a) – (d) above.

Observers shall be invited to Conference:

- (a) The chief officers of the BMA;
- (b) The immediate past Chair of MSC;
- (c) The immediate past deputy Chairs of the MSC;
- (d) One representative of Medsin;
- (e) Up to three additional representatives with particular interest in medical student issues, where appropriate, as agreed by the Chair of Conference;
- (f) Chairs of BMA Branch of Practice Committees.

### Submission of motions

- a) Motions for the Conference Agenda may be submitted by the following:
  - (i) Each UK medical school;
  - (ii) The Welfare, Education and Finance subcommittees of the Medical Students Committee;
  - (iii) The Executive of the MSC;
  - (iv) Each of the Devolved Nation Medical Students Committees;

1 The number of representatives each medical school is entitled to send to Conference each year is calculated on a proportional basis, based on the number of medical students in each medical school

2 ISC reps do not have an automatic right to attend Conference.

3 Voting members of the MSC include chairs and deputy chairs of MSC and the student member(s) on BMA Council

4 Only student members of this group shall be able to decide on and submit motions to Conference.



- (v) The MSC Regional Services Liaison Group;
  - (vi) Medsin, through its representative on the Medical Students Committee;
  - (vii) Each of the MSC co-opted representatives for the Session.
- b) Each of those identified in (i) to (iv) above shall identify priority motions for inclusion in the Agenda. At least one of the priority motions identified will be debated at Conference. The maximum number of priority motions to be submitted shall be determined by the AC.
- c) The MSC Executive will be entitled to submit or select up to three motions to be identified as Committee Business Motions. These motions must meet the following criteria:
- Unanimous approval by the MSC Executive
  - Uncontentious in their nature
  - Important to committee business/function

Committee Business Motions will be added to the Agenda and voted on without debate.

- d) With the exception of emergency motions (see below), there shall not be included in the Agenda any motion which has not been received by the AC by a date to be determined annually by the AC.

### **Amendments and riders**

Amendments and riders to motions may be submitted by any delegate. Any amendment or rider to any items on the Agenda must be notified to the AC by deadline set for accepting amendments and riders (see Rules of Debate).

### **Emergency Motions**

Emergency motions on events that have occurred since the final date for submission of motions, determined by the AC, may be submitted to the AC. It shall be the decision of the AC whether such motions submitted are 'emergency' in nature and should, therefore, be put to the Conference for debate. Amendments to Emergency Motions will only be acceptable if designed to obtain minor textual clarification of the motion.

### **Voting**

- a) All Members of the Conference shall be entitled to vote. Observers may not vote. Voting shall be by show of hands unless determined otherwise by the Chair. Except in circumstances identified in b) below, a simple majority will be required to make any decisions. In the event of an equality of votes, the Chair shall have a casting vote to be used at his/her discretion.
- b) Motions demanding actions that may have significant financial implications to the Association, the proposal that "the question now be put" and a call to "next business" will require the Conference to have a two thirds majority. See Rules of Debate.
- c) Block voting is against the rules of the BMA. The Chair will take action against any party who is found guilty of this.
- d) Any motion that has more than half the voting delegates abstaining will not be passed.

### Rules of Debate

- (a) Any Member of Conference may speak to a motion. Observers may not speak to motions except at the discretion of the Chair of Conference. Members will indicate their desire to speak by completing a speaker slip and handing it to the AC by the published deadline. A Member will usually stand when speaking and shall address the Chair.
- (b) The proposer of a motion will be invited to speak first, and the Chair will then call speakers for and against the motion to speak to ensure a balanced debate. First time speakers will be prioritised by the Chair to speak wherever possible.
- (c) A Member shall not address the Conference more than once on any motion, amendment or rider, but the mover of any such item may reply to the debate (see (e)).
- (d) A Member of the Conference moving a motion shall be allowed to speak for three minutes and no other speech shall exceed two minutes. In exceptional circumstances any speaker may be granted such extension of time as the Conference itself shall determine. The Chair may at any time reduce the time to be allowed to speakers.
- (e) When all speakers have been called to speak, or when the Chair calls an end to the debate due to time constraints, the proposer will have the right to reply to the debate. However, before the proposer concludes the debate in his/her right to reply, the opportunity to comment will be offered to the Chair of MSC and the Chief Officers of the BMA present at Conference. The proposer in his/her right to reply will confine their comments to summing up and answering points made by previous speakers. No new matter may be added to the debate at this point.
- (f) No amendment to any motion, amendment or rider, save those put forward by the AC to facilitate debate, shall be considered unless a copy of the same with the names of the proposer and seconder (if any) and their constituencies has been handed in writing to the Chair, before the commencement of the session in which the motion is due to be moved, except at the discretion of the Chair. Such amendments will only be acceptable if designed to obtain minor textual clarification of the motion, amendment or rider.
- (g) Whenever an amendment to an original motion has been moved and seconded, no subsequent Amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.
- (h) If an amendment be carried, the amendment or motion, as amended, shall take the place of the original motion, and shall become the question upon which any further amendment may be moved. If the proposer of the motion accepts the amendment, then the motion is amended without any debate. However if the proposer rejects any amendments and the Conference votes in favour of the amendments, then the individual who proposed the amendment takes over the ownership of the motion

- (i) If it be proposed that the question now be put (i.e. that Conference should move to a vote without further debate), and the Chair feels that there is a desire among significant proportion of delegates to have the question put, such motion shall immediately be put to the vote without discussion. A two-thirds majority of those present and voting shall be required to carry a proposal that 'the question now be put'. If a motion that 'the question now be put' is carried, the mover of the original motion shall have a right of reply before the question is put.
- (j) If it be proposed and seconded that the Conference proceed to the next business the Chair shall have power to decline to put the motion to the Conference; if the motion to proceed to next business is accepted by the Chair the proposer of the preceding motion, amendment or rider shall have the right to reply to the relevant debate before the motion to proceed to the next business is put to the Conference, without prejudice to the right to reply to new matter if the original debate is ultimately resumed. A two-thirds majority of those present and voting shall be required to carry a proposal that the Conference proceed to the next business.
- (k) Delegates and motions will be chosen in a fair and transparent manner. Those concerned about the process should register their complaint to the Chair.

### **Elections**

- (a) At each Annual Conference a Chair and a Deputy Chair as well as four Conference Agenda Committee members shall be elected who shall hold office from the end of that Conference until the end of the next Annual Conference. All members of Conference shall be eligible for nomination and shall be entitled to vote.
- (b) Nominations must be in writing and delivered to the designated Returning Officer by the specified deadline.
- (c) The Conference shall also elect delegates to represent the Medical Students Committee in other meetings including the Junior Doctors Conference and the ARM.

### **Conference Agenda Committee (AC)**

The AC shall consist of the Chair and Deputy Chair of the Conference, the Chair of the MSC, the immediate past Chair of the Conference, together with four members elected by the Conference. The members of the AC shall carry out the tasks agreed by the Committee and report to the Chair. The AC shall meet on a regular basis to prepare for the Conference to discuss any issues and provide the Chair with direction.

### **Joint Agenda Committee**

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

### **Chair's Decision**

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

**Withdrawal of Strangers**

It shall be competent at any time for a Member of the Conference to move that persons who are not Members be requested to withdraw, but it shall rest on the discretion of the Chair to submit or not to submit such motion to the Conference. The Chair also has powers to request anyone who has been behaving in a disrespecting or disruptive manner to leave the Conference.

**Quorum**

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

**Minutes**

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

# Conference Process – A Guide

## Before Conference

Many months of preparation have gone into Conference before delegates even walk through the door. The members of the Agenda Committee (AC) are elected from Conference, except the Chair of the MSC who is elected by the MSC. Agenda Committee is made up of:

- Chair of Conference
- Deputy Chair of Conference
- Four members elected from Conference
- The immediate past Chair of Conference
- Chair (or Co-Chairs) of the Medical Students Committee (MSC).

The Agenda Committee is supported, as always, by the MSC Secretariat.

AC members and MSC office holders can be identified by their red name badges and will be happy to help if you have any queries.

**Motions** – statements that are submitted for debate at Conference are called motions. Motions are submitted by medical schools via their MSC reps and ISC chairs, and by the MSC Executive, MSC subcommittees, and MSC/Regional Services Liaison Group as well as the devolved nation MSCs.

**Ordering the motions** – the task of checking, ordering and categorising the motions which make up your agenda falls to the highly devoted AC. They also sort through old policy, and recommend where policy should be re-adopted or should be allowed to lapse. Lapsed policy is that which it is felt has been successfully implemented, superseded by events or better covered by more recent policy. The updated Conference Policy Guide is the result of this effort and the amendments are stated in the document and await the approval of Conference before being finalised.

**Part One of the agenda** – all those submitting motions were asked to highlight up to three motions they thought were the most important as priority motions. One of these priority motions was then chosen by the AC Chair and Deputy Chair to be included in Part One, the first part of the agenda. This ensures that each medical school, group, or committee submitting motions is guaranteed that at least one of their priority motions will be debated at Conference. The remaining motions identified as priority by those submitting motions are included in Part Two of the agenda.

**Part Two of the agenda** – this consists of all other motions that were submitted. During Conference you will be asked to vote on which five motions from Part Two you think should be prioritised for debate. Votes are counted and the Part Two motions are then ordered according to the number of votes they received.

## At Conference

The motions from Part One will be debated first. This is to ensure that all priority motions are debated. Part One motions are debated in the order they appear in the Agenda and the Chair aims to adhere to the programme timings in the Agenda to ensure Conference runs smoothly. To ensure that Conference runs to time, the Chair may limit the number of speakers for a motion, calling an end to the debate when they feel that enough discussion has taken place to enable the delegates to form their opinions to vote on the motion.

### Workshop motions

A number of workshops take place on Friday afternoon. Delegates in these workshops may want to submit a motion as a result of discussion, if it is agreed by the workshop, but developing a motion from a workshop is by no means essential. Workshop motions must be handed to the MSC Secretariat by the deadline listed, and if accepted by the Agenda Committee will be debated on Saturday in Part Two of the agenda.

### Accountability session

This is your opportunity to hold the MSC to account for its work this year. The Chair and Deputy Chairs will present an account of their activities but most importantly, you can ask questions about topics that you feel are important. These may be for example, important issues that you feel have not been tackled well or policy from last year that has not been addressed. You can also tell someone that you think they have handled a particular issue well; it's not all about negative feedback!

### Elections

The following elections will take place at this year's Conference:

- Chair of Conference for 2015
- Deputy Chair of Conference for 2015
- Four other members of the Conference Agenda Committee for 2015
- A number of representatives to attend the 2014 Junior Doctors Conference at BMA House
- A number of representatives to attend the 2014 Annual Representative Meeting (ARM) of the BMA

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

In the event of an election, ballot papers will be issued by the MSC Secretariat. All candidates in all elections must be a current member of the BMA. Results will be announced at the close of Conference. If Conference overruns, the ballot may be held by post in the weeks following Conference.

# CONFERENCE DEBATES – A GUIDE

## Who may speak?

Any member of Conference (who is not an observer) may speak for or against a motion. The proposer of a motion under debate is asked to speak first and the Chair of Conference will then open the floor for debate. Those who have indicated they want to speak either for or against a motion will then be called to speak by the Chair.

## Order of speaking

The proposer of a motion will be invited to speak first. This will be followed by speakers for and against a motion, in the order they are called to speak by the Chair. The Chair will call speakers to ensure a balanced debate. Those who have never spoken at the Medical Students Conference before ("First time speakers") will be prioritised. Following the debate the Chair will ask the Chair (or Co-Chair) of the Medical Students Committee and the Chair of BMA Council (or any other Chief Officer of the BMA present at Conference) if they have any information or comments on the motion they wish to add, that may be of use to the Conference. The proposer then has the right to reply to the debate.

## How do I indicate that I want to speak?

Delegates and observers will be asked to speak at the discretion of the Chair, after informing the Chair of their desire to speak by completing a speaker slip. Speakers are also invited to mention a particular expertise they can bring on a subject when submitting a slip. All those interested in speaking will be asked to submit speaker slips to the Agenda Committee (AC) in advance of the motion being reached. Speaker slips will be available from the AC.

The AC will order the speaker slips and pass them to the Chair or Deputy Chair as this helps the smooth running of the debate. The Chair will try to maintain a balanced debate by calling those speaking for and against a motion to speak. If you are a "First time speaker", you should indicate this on the speaker slip. This will draw attention to this fact (this is a good thing!). The Chair may then call on you to speak on that motion as first time speakers are prioritised. We strongly encourage everyone to get up to speak at Conference. While you are speaking, please avoid making personal attacks or inflammatory statements and keep all comments as constructive and respectful as possible. See the guidance on 'media coverage' and defamation in the 'Tips' section at the front of this guide.

**Each delegate will also be allocated a single personalised "priority" speaker slip** with their name on it. Delegates will be able to reserve the use of these slips for the individual motion they wish to guarantee a chance to speak on. Priority slips will take precedence over ordinary speaker slips when the Chair decides speaking order. First-time speakers submitting priority slips will take precedence over other delegates' priority slips in the eyes of the chair.

AC will have the power to issue replacement cards in the event of spoilt slips or if an individual is still unsuccessful in being called to speak (e.g. multiple priority slips were submitted on the same motion).

## When should I give in my speaker slip?

Everyone who wishes to speak should hand their speaker slips in as soon as possible. This will allow the Conference to run more effectively as the Chair will have advance notice of who wants to speak and so that you can be assured that the Chair knows you want to speak. Slips should be handed in at the VERY LATEST during the motion before the one they wish to speak on.

### How many times may I speak?

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

### For how long can I speak?

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

### How do I vote?

Votes on motions will be cast by members raising their hands using the coloured cards provided in your delegate pack. All medical student members of the Conference shall be entitled to vote (unless they are attending as observers – see the Standing Orders on page 47).

### Abstentions

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

### What's the difference between Part One and Part Two of the Agenda?

Part One of the agenda consists of motions that have been prioritised by medical schools as important items to debate. All motions in this section will be debated.

Part Two consists of all remaining motions that have been submitted by delegates ahead of Conference together with those generated from the workshops during Conference. You will be asked to vote for five motions from Part Two to be prioritised and debated at the beginning of Part Two of the Agenda. Once the time allocated for Part Two has run out, debating will stop.

### What do the lines and asterisks (\*) mean?

You may see lines and asterisks beside motions listed in the Agenda. When motions are submitted with very similar content, they can be bracketed together by the AC. This is represented by the line at the side of the motions. The AC will then choose the most appropriate motion or compile one from the submitted motions. Only the top listed motion, marked with an asterisk (\*) will be debated and if passed become BMA policy. The Chair will endeavour to allow proposers of bracketed motions a chance to speak. Should you strongly disagree with the bracketing, you can apply to the AC before the start of the Conference to have a bracket removed but the order of motions will still remain the decision of the AC. You will see this at other BMA committees and at the Annual Representatives Meeting. If a constituent's 'priority 1' motion is included in a bracket but is not the principal motion to be debated, the second priority motion will be included in Part One.



### **What does the letter 'A' beside a motion mean?**

You may see the letter 'A' beside a motion in the Agenda. This symbol appears on motions that are felt by the AC to be on issues that have already been covered by existing MSC policy. 'A' motions are voted on without debate. Existing MSC policy can be found in the updated Conference Policy Guide. The symbol is there as a guide for when delegates are considering which motions to vote for in the ballot. Should you strongly disagree with a motion being labelled 'A', you can apply to the AC before the start of the Conference to have it removed, but the order of motions will still remain the decision of the AC.

### **How do I amend a motion on the agenda?**

An amendment can be a subtle change or a complete 'rewrite' of a motion that may change its meaning and therefore change the chances of it being passed. An amendment is often proposed by experienced debaters who sympathise with a motion but can anticipate difficulties in implementation because of the way it is worded.

### **Can I change a motion?**

Yes, you can suggest an amendment or rider to a motion. See below.

### **What is a rider?**

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

For example, the hypothetical motion:

"That this Conference calls on BMA Council to investigate the shameful under-funding of the Medical Students Conference" could have the following rider added to it: "and calls for the funding to be doubled forthwith".

Both amendments and riders must be submitted to the MSC secretariat. They can only be taken on the day of the Conference if submitted well before a motion is debated and at the discretion of the Chair. This means that you should read through motions at least the day before they are debated to see if you feel they should be changed or added to.

### **How are amendments and riders accepted?**

You must check your amendment or rider is accepted by the individual who will be proposing the motion. If they accept the changes the debate continues with the changes in place. If they don't accept the changes they are put to the vote. If Conference decides that the changes are a good idea and chooses to accept them, the responsibility for the motion passes to the individual who proposed the changes. If they are not accepted, the motion remains as it is.

### **What are emergency motions for?**

Emergency motions usually deal with events that have arisen after the deadline for submission of motions (which was 12 noon on 24 January 2014), or relate to a talk by an invited speaker. The AC will decide whether an emergency motion should be put to the Conference for debate.

### What is a 'point of information'?

If a delegate from the floor wishes to make a brief point on the motion while it is being discussed by a speaker (such as a short fact or statement), they may indicate to the Chair using their voting card, stand and ask for a 'point of information'. The speaker is then at liberty to accept it or refuse it. If accepted, the delegate may speak but if rejected they must sit down and allow the speaker to continue.

### What is a 'point of order'?

If a delegate feels a rule has been broken or the Chair needs to intervene they may indicate to the Chair using their voting card, and call a 'point of order' from the floor. The Chair will then decide if the caller may speak and voice their point. The Chair must then make a ruling decision if the point of order is sustained or overruled.

### Can Conference ever skip debate and simply vote?

It may be proposed that a motion (or amendment or rider) under debate is immediately voted on without any further discussion. This is done by a call of 'vote' from delegates from the floor and usually takes place when delegates feel they have heard enough speakers. If this proposal is accepted by the Chair and carried by *two-thirds* of those present, the mover of the original motion has the right to reply before the question is put.

### Does there always have to be a vote on a motion under debate?

It may be proposed that the Conference moves on without any further debate or vote on a motion (or amendment or rider) under discussion. This is done by a call of 'next business' from the floor. If a proposal to move to next business is made and seconded, and is accepted by the Chair, the mover of the motion will have the right to reply and explain why Conference should have the original debate before the proposal to move to next business is put. If *two-thirds* of those present accept the call to move to next business, the motion under discussion will not be debated further and the motion will be treated as if it had never been considered. Debate will move to the next motion as dictated by the agenda. If the two-thirds majority is not reached, debate of the current motion will continue from the point at which it was interrupted.

### What does it mean when a motion is 'taken as a reference'?

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

### What happens to motions that are carried?

Carried motions become Conference policy, unless a proposal is made during debate to consider and vote on the motion being taken 'as a reference'. The Agenda Committee considers all Conference motions that are carried. Motions that are carried can form MSC policy, be referred to the Annual Representatives Meeting for further BMA debate or be referred to the appropriate BMA Committee. The Medical Students Conference is separate from the MSC in this regard. All motions that are carried will be incorporated into the Conference Policy Guide for 2014-15.

### Summary

- **All members of Conference can speak** for or against a motion. No-one may speak more than once on a motion, except the proposer in their right of reply.
- **Speaker slips** must be completed by members of Conference for each of the motions they want to propose, or speak for or against.
- **The proposer of any motion has a 'right of reply'** to respond to points made during debate
- **Amendments** to a motion can be proposed. These will need to be accepted by the proposer of the motion or by Conference (via a vote) if not accepted by the proposer
- **Riders (adding something to a motion)** need to be accepted by the proposer or by Conference vote if not accepted by the proposer
- **Taking as a reference** – a motion which contains a good idea but whose wording is so flawed that it is likely to be defeated can be taken as a reference. This will need to be accepted by the proposer or voted on by Conference
- **Call to next business** can be made if Conference wants to move on and not vote on any motion being debated. Conference can vote on a move to next business. This needs a 2/3 majority.

# Conference Top Table

At Conference there will be a number of people on the 'top table'. These individuals carry out various roles at Conference.

The function of the 'top table' is not to instruct Conference which way to vote; it is for Conference to decide which way it wishes to vote on any matter. However, some members of the top table may give information pertinent to the issue under debate, prior to voting, in order that Conference delegates have all relevant information.

Chair of Conference	The Chair of Conference chairs the debates, introduces speakers and ensures that process and procedure are followed properly. The Chair also chairs the Conference Agenda Committee meetings and steers the Conference from its inception to the end of the two day Conference.
Deputy Chair of Conference	The Deputy Chair advises and supports the Chair of Conference throughout the Conference. The Deputy Chair will Chair part of the Conference to allow the Chair to have a break or deal with any issues that might require the Chairs involvement during Conference. The Deputy Chair is also responsible for organising the entertainment at Conference.
Chair (or Co-Chair) of MSC	As part of the Conference debates, the Chair of MSC is asked whether they wish to comment on any of the motions, immediately following each debate. This gives the opportunity for the MSC Chair to inform Conference about any policy, background or other information or give their opinion that would relate to the issue that is subject to debate. This will allow delegates to have all relevant information before they vote. Following debate it is for Conference to decide in the light of debate and all information how to vote on each motion.
Chief Officers of the BMA	The officers of the BMA are invited to attend Conference. Not all may be able to attend but there will be at least one officer present at the Conference on the top table. The Medical Students Committee is part of the BMA and because of this the Chair of Council, or the Officer at the table, is asked at the end of each debate whether they wish to comment on the motion. This allows the BMA to give pertinent information to Conference about the issue under discussion, particularly if there are significant financial implications to the BMA of any resolution passed. The officers for the 2013-14 Session are as follows:

Chair of BMA Council:	Dr Mark Porter
Chairman the Representative Body:	Dr Ian Wilson
President:	Sir Sabaratnam Arulkumaran
Treasurer:	Dr Andrew Dearden
Secretary to MSC	Advises and assists the Chair or Co-Chairs in relation to policy and procedure.
Committee Services Officer	Takes minutes and provide general assistance to the Chair and top table.

# Standing for Election

- Chair of Conference 2015
- Deputy Chair of Conference 2015
- Conference Agenda Committee Members 2015
- BMA Annual Representative Meeting Delegates 2014
- Junior Doctors Conference Delegates 2014

# Elections at Conference

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

1. Chair of Conference for 2015
2. Deputy Chair of Conference for 2015
3. Four members of the Agenda Committee for the Conference 2015
4. A number of representatives to attend the Annual Representative Meeting of the BMA at Harrogate, 22-26 June 2014
5. A number of representatives to attend the Junior Doctors Conference in BMA House on 17 May 2014

## Summary of elected positions

### Role of the Chair, Deputy Chair and Agenda Committee

The Agenda Committee (AC) consists of the Chair and Deputy Chair of Conference, four members elected by Conference, the immediate past Chair of Conference and the Chair. The AC is responsible for setting the agenda for the Conference, which includes selecting a theme if appropriate, inviting keynote speakers, choosing workshops and their facilitators, as well as collating and amending the motions submitted by medical schools, while checking them for redundancy with previous conferences' motions. In addition, AC is responsible for highlighting the Conference to the BMA representatives at each medical school, advising them on how to write motions and promoting the Conference at their medical school.

## Chair of Conference

### *Responsibilities*

The Chair of Conference is responsible for:

- chairing the Agenda Committee meetings
- giving an explanation of Conference during training day
- updating the Conference guide and motion templates circulated to representatives
- inviting guest speakers and workshop facilitators
- choosing priority motions with the assistance of the Deputy Chair
- assisting Agenda Committee members with amendments to motions
- chairing the debating sessions during Conference
- updating the policy guide following Conference
- answering email/verbal queries regarding Conference.

***Time commitments***

The Chair of Conference is required to attend the following meetings:

- 4 x Agenda Committee meetings
  - 1 meeting to consider and agree Part One motions
  - Conference (2 days)
  - training day
  - 4 x meetings
  - 4 x Executive Committee meetings
  - 3 x Joint Agenda Committee meetings (relating to the BMAs Annual Representative Meeting)
- Additional time outside meetings on Conference related activities (preparing for meetings, liaising with AC members, checking minutes etc) throughout the year with on average one day per week in the weeks prior to conference.

**Deputy Chair of Conference*****Responsibilities***

The Deputy Chair of Conference is responsible for:

- assisting and supporting the Chair of Conference
- choosing the Conference entertainment
- assisting in the chairing of the debating sessions during Conference
- assisting Agenda Committee members with amendments to motions
- assisting the Chair with choosing priority motions
- deputising for the Chair as required
- advising representatives regarding their motions and answering any queries.

***Time commitments***

The Deputy Chair of Conference is required to attend the following meetings:

- 4 x Agenda Committee meetings
- 1 meeting to consider and agree Part One motions
- Conference (2 days).
- In addition some further time working outside meetings.

**Agenda Committee members*****Responsibilities***

The four elected AC members are the staunch support for the Chair and Deputy Chair, being the direct link between representatives and the AC. As such they are responsible for:

- Supporting/advising representatives as they write their motions
- Answering questions medical school representatives may have
- Reviewing the priority motions chosen by the Chair and Deputy Chair
- Amending submitted motions and liaising with representatives regarding suggested changes
- Ensuring the smooth running of the Conference.



### ***Time commitments***

Agenda Committee members are required to attend the following meetings:

- 4 x Conference Agenda Committee meetings
- Conference (2 days).

### **BMA Annual Representative Meeting Delegates**

The Annual Representatives Meeting is the BMA's key policy making meeting each year. With more than 600 motions on the Annual Representatives Meeting agenda and many hundreds of participants, representatives debate and decide on BMA policy on a wide range of professional, ethical and medico-political issues over the course of the four-day meeting. Medical students form an important and active membership of the MSC and attendance gives students the chance to have a real and direct influence over BMA policy. Delegates attending on behalf of the MSC are required to represent the views of the MSC and are encouraged to speak during the debate.

### **Junior Doctors Conference**

The BMA has an annual Conference for hospital junior doctors, non-BMA members are also eligible to attend. Junior Doctors Committee (JDC) policy is strongly guided by this Conference as the motions debated help to ensure that the BMA represents the views of juniors, whilst raising the profile of the importance of junior doctors' training and working conditions. The JDC covers all doctors in the training grades, from foundation programme to CCT level.

### **Deadlines and conditions**

Nominations for all positions should be submitted to the secretariat in writing by **12.30 on Saturday 26 April 2014**. In the event of an election, ballot papers will be issued. Please note that for elections for the positions 1, 2, and 3, the candidate must be a medical student for the duration of 2014-15 academic year. All candidates in all elections must be current members of the BMA.

# Medical Students Committee

## The MSC: What is it and what does it do?

To understand what the Medical Students Committee (MSC) does you first need to be familiar with what the British Medical Association (BMA) does.

### The British Medical Association:

- represents doctors and medical students from all branches of medicine all over the UK
- is a voluntary professional association of students and doctors supported by a team of professional staff
- provides services for its members
- is a scientific and educational body
- is a publisher
- is an independent trade union, recognised by government as the voice of doctors in the UK
- is a limited company, funded largely by its members
- works with other bodies to meet its objectives.

It does **not**:

- register doctors – that is the responsibility of the General Medical Council (GMC)
- discipline doctors – that is the province of the employer/primary care trust and/or the GMC
- recommend individual doctors to patients.

### The Medical Students Committee:

- is a 'branch of practice' committee of the BMA responsible for issues affecting medical students
- consists of elected BMA student members from all UK medical schools
- ensures the views of medical students are heard by the BMA, the government, external organisations, the media and the public
- lobbies government on areas of concern on behalf of medical students
- responds to consultations over new government policies and issues related to medical students
- produces guidance and feedback on a number of issues e.g. student finance, foundation programme
- works closely with other branches of the BMA, such as the Junior Doctors Committee (JDC)
- works with other organisations to help achieve common goals on behalf of medical students
- is the only national representative body of medical students in the UK
- is supported by a team of professional staff; the national and devolved nation MSC secretariats and the network of regional BMA staff advisers.

### **The MSC: How does it work?**

The Medical Students Committee consists of one elected student representative from each medical school. It meets four times a year to discuss issues of national importance. In addition, members of the Committee sit on one of three subcommittees that deal with specific issues relating to finance, education and welfare. Each of the three subcommittees is led by a subcommittee chair and who is also a Deputy Chair of the Committee.

### **Executive Committee**

This is a smaller group of MSC members that manages and takes forward the work of the committee between meetings. It plays a vital role in ensuring the views and concerns of medical students are continually heard where they need to be whilst furthering policy work and responding to new developments. It comprises of the Chair, the three subcommittee Chairs, Chairs of devolved nation MSCs, the Chair of Conference, three elected members of the MSC, the immediate past Chair of the MSC, the Regional Services Liaison Group Chair, and the medical student representative on BMA Council (in a non-voting capacity).

### **The MSC Regional Services Liaison Group (RSLG)**

This group helps improve the relationships between medical schools and to ensure BMA services are available locally. It meets regularly and consists of members of BMA regional staff (Employment Advisers) and elected MSC members and is supported by the national secretariat.

### **National Committees**

The BMA also has National MSCs in each of the devolved nations. The Scottish, Welsh and Northern Ireland Committees work primarily on issues specific to the devolved nations and play an important part in ensuring the perspectives of students across the UK are represented to policy makers and organisations specific to the devolved nations.

# Report from the MSC Finance Subcommittee

Hello and welcome to conference!

This is always an exciting time of the year for me as it was this very event that first got me involved in the BMA. So, if you've found yourself here and wondering what to make of it all, my recommendation would be to get as involved as much as possible as you never know where it will lead you. It has been a privilege to represent you, both as part of the wider Medical Students' Committee (MSC), and specifically on matters of a financial nature. I've certainly been kept busy but here I hope to give an overview on what we've achieved since September.

Our priority this year has been to secure medical student funding for the 2015 intake of medical students – the existing agreement is only an interim measure negotiated between the Department for Business, Innovation and Skills (who fund student loans) and the Department of Health (who fund the NHS bursaries) in the wake of the tuition fee rise. After a fair amount of pressing, we finally got an answer – funding will continue for another year and the situation will be reviewed after that (which, rather conveniently, is after the next general election). This is obviously great news for next year's intake of medical students; but a long term and sustainable solution is required. The MSC's finance subcommittee will of course be fighting for students, with next year's deputy chair for finance having the opportunity to lobby political parties during the run up to an election – exciting times!

During these discussions we were able to make contacts with members of the Student Services team at the NHS Business Services Authority (NHSBSA) and were able to give important feedback as to how to improve the NHS bursary application process. We were encouraged to see a real drive within the NHSBSA to improve the application experience, and were even invited to Newcastle to see firsthand how the help centre provides assistance to students. It has also been a pleasure to forge closer links with the Royal College of Nursing, Unison and the National Union of Students during these discussions and I believe these relationships will prove fruitful in the near future – the expertise of David Malcolm from the NUS has been particularly useful. Furthermore, we have updated our online finance guide to better reflect the student finance landscape of today; helping students to worry less about the complexities of funding their studies and allowing them to focus on becoming excellent doctors. This will be published and promoted in advance of Conference.

Recently, I have also had the privilege of advising the BMA Charities Trustees as they award grants to graduate medical students with significant debt. Having been asked to provide an insight into the day to day life of a medical student to further inform their decisions, it emerged that their decision making process was indeed congruent to the needs of medical students and I therefore feel confident that these grants are being distributed fairly, to those most needy of them.

The complexities of student finance can appear overwhelming, and this year has been a steep learning curve for me, but I can assure you that this tenure has been both fascinating and rewarding. If you are unsure of any of the many TLAs (three letter abbreviations) that populate the vocabulary of student finance or of anything else, please feel free to grab me and I'll do my best to explain!

I encourage all of you here to consider getting more involved in the MSC – with the general election next year, it looks to be an exciting time to join! It has been a pleasure to work with my subcommittee and the secretariat (my special thanks going to the ever patient Mirembé Wells!) and the wider MSC has been a joy to be part of.

I hope you all have a brilliant time at conference and that it sparks an interest in medical politics – you never know where it'll take you!

**Will Sapwell**  
**Chair, MSC Finance Subcommittee 2013-2014**

# Report from the MSC Education Subcommittee

These past few months have seen many changes in undergraduate medical education; be that in medical school curricula or changes in the selection process for the Foundation Programme (FP). These areas have been under continuous review whilst many students are understandably calling out for a period of stability. The Education Subcommittee of the Medical Students Committee has been working hard to ensure that students are well represented at meetings with key stakeholders, including the UK Foundation Programme Office, the GMC and the Medical Schools Council. More importantly, we continuously ensure that students' views are articulated and taken into consideration during negotiations into what will happen to their education, future training and careers.

To name but a few national developments over the past few months: there have been overhauls in how the Prescribing Safety Assessment (PSA) has been adopted across various medical schools since the cessation of its pilot; oversubscription to the Foundation Programme has been confirmed for another year, making unemployment for graduates a realistic prospect should their numbers continue to rise without a corresponding increase in jobs; and the proposal by Health Education England (HEE) to bring forward the point of GMC registration and the negative implications this proposal could have on the Foundation programme, with patient safety has been at the forefront of discussion. Whilst the wider MSC is committed to addressing these during negotiations, what has the Education Subcommittee been doing to help you specifically?

## Situational Judgement Test

First of all as a direct result of intense lobbying by the BMA, students who score 'exceptionally-low' in their Situational Judgement Test (SJT) will be invited to a face-to-face review of their performance. This is a positive development on the previous year that resulted in 12 UK Medical students being unfortunately removed from the FP application system on the basis of their score alone, which was campaigned heavily against by the BMA. This improvement provides students with an opportunity to be reinstated back into the selection process if they meet all the requirements of the FP person specification criteria. We also continue to campaign heavily for the research into the validity of this assessment. In addition, and a series of frequently asked questions were developed for the BMA website.

## Prescribing Safety Assessment

As mentioned above, although the medical students committee are supportive of measures to ensure safe and competent prescribing, we lobbied at meetings for clarification as to whether remediation opportunities will be provided to students who fail the PSA and, just as importantly, whether a students' performance in the assessment will impact upon their prescribing powers in FY1. As a result of our efforts, the PSA team produced helpful guidance for students available online. We will continue our engagement work with the PSA focus group to push for better communication at a local level. We have also updated our PSA FAQs on the BMA website to further inform students.

## Transfer of Information

We have worked closely with the Medical Schools Council on the transfer of information process from medical school to foundation school. This work has enabled students' opinions to positively influence revisions to the 'Transfer of Information' (TOI) Form and guidance, after feedback we received from many students who felt the form lacked clarity. Additionally, students will only have to declare written warnings and sanctions and further information is now provided on who may access this personal information about the student in the Foundation schools, as a result of successful lobbying by the BMA.

### **Selection to the Foundation Programme**

The UK Foundation Programme Office (UKFPO) has recently implemented a series of changes to the selection process for the FP, namely that conference presentations will cease to be awarded points under the 'educational achievements' section of the FP application system (to become effective for those applying to the FP2015). Unfortunately this follows the removal of recognition for prizes the previous year. We are fundamentally opposed to such a decision and deem it unacceptable that students are no longer being rewarded for striving for clinical and academic excellence. We fought at a meeting of key stakeholders for all parts of the Educational Performance Measure (EPM) to remain as part of the accreditation process for foundation programme applicants. We still encourage students to undertake presentations as these will be of benefit to their careers in the longer term but will also be considered in Academic FP applications alongside applications for speciality posts; however we will continue to raise the concern of students to all major organisations to safeguard the attrition of further components of the EPM and ensure that excellence is rewarded.

Amidst these many uncertainties with regards to our training and careers, we the education subcommittee are dedicated to ensuring that students receive the support and representation they deserve. Should you have any concerns regarding education, please do not hesitate to contact your local BMA MSC representative.

**Samantha Dolan**  
**Chair, MSC Education Subcommittee 2013-14**

# Report from the MSC Welfare Subcommittee

This year has been an interesting year for the Welfare Subcommittee. A brief outline of our activities is outlined below.

## **'Fitness Passports'**

The biggest issue that the BMA Medical Student Committee has been contributing to this year is the General Medical Council's (GMC) proposal of introducing a 'passport of fitness'. It was recognised that there were several issues regarding the current system of how trainees' (including medical students) information relating to the reasonable adjustments they require in order to study and practise is held and transferred. This concept is proposing to make a system that is easier for individuals to use as well as to reduce the amount of duplication they would encounter transferring from Trust to Trust for their training. In principle, this passport should have benefits for students and would streamline the whole process.

The BMA Medical School Committee has been invited along with other key groups, including the Faculty of Occupational Health, to consult on a successful implementation method that satisfies both future employers and individuals using this 'passport'.

## **Wellbeing for Medical Students webinar**

This year the BMA are putting on a webinar workshop in April that is solely focussed on students and any issues they may encounter whilst at medical school that could endanger their well-being. This builds upon last year's "Well-being for Doctors" webinar that was very popular and well received.

## **'Supporting medical students with mental health concerns' publication**

Following on the work from last year's team, this year's welfare subcommittee welcomes the GMC publication of the 'supporting medical students with mental health concerns' back in July 2013. This publication was led by the GMC's mental health operations group which had strong collaborations with the BMA Medical Students Welfare Subcommittee, The Medical Schools Council, The Doctors Support Network and members of the Faculty of Occupational Health. This document in short tackles common myths regarding mental health as well as highlights good practice across the UK. So with this guidance at hand, we have lobbied and will continue to lobby medical schools to ensure that they are looking after medical student's mental health.

## **Medical Council on Alcohol & Royal Medical Benevolent Fund**

This year the Welfare Subcommittee has continued its strong relationship with the Medical Council on Alcohol (MCA) and Royal Medical Benevolent Fund. As well as sitting in some of their committees, we have promoted some of the MCA's events and their annual essay competitions to our members.

**Steve Tran**

**Chair, MSC Welfare Subcommittee 2013-2014**

# Report from the Northern Ireland Medical Students Committee (NIMSC)

## Remit

The Northern Ireland Medical Students Committee (NIMSC) is the regional forum for debating issues pertinent to the medical student body of Queen's University Belfast, the only medical school in the province. NIMSC meets four times a year and since its inception has forged valuable links with the Intra-Schools Committee which deals with grass roots issues. In addition to this, the NIMSC continues to liaise closely with the Northern Ireland Junior Doctors' Committee (NIJDC) and work on issues of commonality; in particular those which concern the Postgraduate Deanery.

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

## NIMSC Priorities for 2014

- Graduate Entrants
- Student Mental Health and Wellbeing
- Communication with our constituents

## Student Events

BMA(NI) held their annual Contracts, Rotas & Pay Seminar for all F1s on 30 July in the Sir Peter Froggatt Centre, Queens University, which was attended by approximately 60 F1s. This was followed by a 4<sup>th</sup> year elective event at the end of August and attendance at the QUB Freshers event on 25 September, this event helped us achieve BMA membership of over 80% amongst 1<sup>st</sup> year students at the medical school.

We will be attending the QUB Scrubs Emergency Medicine Conference on 8 & 9 March and the QUB Healthcare Leadership Forum Whistleblowing Event on 24 March.

Finally, a return of the successful Revision Day event for 2<sup>nd</sup> year students is planned for 10 May 2014. This is the fourth time such an event has been held and, once again, final year medical students will be speaking to attendees to offer advice and guidance, covering core topics relevant for exam preparation – integrating pre-clinical medicine in a single day!

## F1 Shadowing induction

An important step forward for both NIMSC and NIJDC over the summer was the publication of a circular from the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) pertaining to F1 shadowing-induction. Historically, arrangements for pre-F1 induction-shadowing end July/beginning August varies across the 5 Trusts here which had been a source of confusion and dissatisfaction for our recent graduates commencing the Foundation Programme. This has been a significant issue for us. The main purpose of induction is to ensure new doctors can provide safe and high quality of care from their first day as a F1 doctor. Indeed, there is evidence to suggest that shadowing can reduce the number of serious adverse events committed by inexperienced trainees. Health Education England and equivalent bodies in Wales and Scotland had accepted that this period should consist of a minimum of 4 days, occur as close to starting F1 proper as possible (typically immediately before) with an equal mix of Ward Based Shadowing and Employer Based Induction. Disappointingly, the 5 Trusts in Northern Ireland had no standardised process for induction-shadowing for F1's and lagged behind the rest of the UK on this matter. The publication of the circular signalled an acknowledgement by the DHSSPSNI of the significance of shadowing-induction period and that it should be afforded its due import in terms of a standardised, formalised process. The arrangements will be implemented in August 2014 and we look forward to that.



### **Student mental health and well being**

This session, the committee has been focusing primarily on student welfare. At Queen's University Belfast (QUB) we have a number of robust mechanisms in place to help support students. Despite this, the committee still considered there was a gap in terms of the support which could be offered to first year students dealing with the challenges of the medical course as well as, perhaps, living away from home for the first time.

The GMC has advised that medical schools should highlight the importance of the work-life balance and should promote opportunities for students to get involved with extra-curricular activities; we consider introducing a mentoring scheme would be a further step in this direction. The committee has therefore been in contact with QUB regarding this initiative. We now hope to partner with the faculty to introduce a flexible, student-led scheme for the 2014 cohort. With that in mind, over the coming months we will be trying to find out what schemes are in place elsewhere, with a view to transferring the best practice into our own local scheme.

### **Student Finance**

#### **Medical Graduates**

The committee is currently considering the merits of lobbying for a Graduate Entry Programme (GEP) in Northern Ireland. Since 2012 tuition fees have been linked to 'place of domicile' rather than 'place of study'. GEP courses are available in 16 medical schools in England and Wales and afford graduates one year's less tuition fees. Graduates in England and Wales attending undergraduate courses are also able to avail of the NHS Bursary in their final year of study; this does not apply to NI domiciled graduates. Scotland does not offer a 4-year GEP, however there are special arrangements in place for Scottish domiciled graduates wishing to study medicine. They can avail of a tuition fee loan of £1,820 and also a maintenance loan of £4,500 a year. Whilst they do not have a NHS Bursary, their fees in final year are paid by the Students Awards Agency for Scotland (SAAS) and they may also be entitled to claim the Independent Students Bursary. It would thus seem that the position of Northern Ireland domiciled medical graduates is anomalous as there is no GEP in the region, nor can they avail of the NHS Bursary. We are therefore in the process of surveying graduates in QUB to ascertain if they would favour the establishment of a GEP in NI. Their responses will influence our direction of travel and we will, of course, be keeping a close eye on the actions taken following the publication of the Shape of Training report and any implications this might have for students undertaking a GEP.

#### **Communication**

Communication with our constituents remains of paramount importance to us. We have produced 3 newsletters over the course of the year packed full of information which we hope will interest our readership and encourage them to become more involved in medico-politics. Education, welfare, social and personal issues all feature and we value any feedback we receive.

#### **Northern Ireland Medical and Dental Training Agency (NIMDTA)**

We continue to foster good relations with the postgraduate deanery. Together with the Chair of NIJDC, we continue to represent BMA(NI) at regular meetings with the agency.

#### **Stephen McAleer & Hannah Barrow**

**Co-Chairs, Northern Ireland Medical Students Committee 2013-14**

# Report from the Welsh MSC (WMSC)

The Welsh Medical Students Committee (WMSC) represents medical students at Cardiff and Swansea Universities and supports them in UK-wide and Welsh-specific matters. We work closely with Welsh Council, Welsh Junior Doctors Committee (WJDC), and the UK Medical Students Committee. We also liaise with the Welsh Government (WG), Cardiff and Swansea Universities and the Wales Deanery keeping them informed of the issues our students and their welfare.

WMSC consists of two representatives from each year of the medical course at both Cardiff and Swansea, and intercalating representatives. For the first time WMSC has a full set of four years from Swansea who are proudly producing their first medicine graduates this year. Previously Swansea students have completed their 3<sup>rd</sup> and 4<sup>th</sup> years of training at Cardiff University. WMSC meets four times a year in Cardiff, and the Executive Sub-Committee meets between this quarterly meetings.

During this session WMSC has been working hard to improve standards for medical students across a range of key issues.

## Finance

In response to previous difficulties about lack of easy access to information about financial support for Welsh students, WMSC is proud to have created an up-to-date finance guide for Welsh domiciled students. It is particularly aimed at first year students and details the fees, loans and bursaries available for Welsh students across various financial backgrounds.

WMSC, together with various stakeholders such as the Cardiff and Swansea Universities, Welsh local health boards, GP and dental representatives, have been involved in the SIFT funding review. SIFT funding in Wales is long overdue review, which is now in its final stages. WMSC are looking forward to seeing a more robust and transparent funding structure in place towards the end of this year, and hope it is easier for students to engage with.

## Education

Education has been a top priority this year with Cardiff's introduction of its new 'C21' curriculum and 'harmonisation' of the final year to fall in line with this new curriculum. Cardiff representatives have been working hard to monitor and address issues as the curriculum gets under way. There were some initial teething concerns, but the first years have been enjoying the course, especially the early clinical contact and development of clinical skills. Swansea students continue to make progress towards graduation, and we support them with achieving their final sign-offs. Our final year Swansea reps hope that the feedback provided by their cohort will alleviate any concerns that have arisen with the introduction of this new 4<sup>th</sup> and final year at Swansea. WMSC representatives have developed a good rapport with their colleagues and members of the medical schools, and supported by BMA Cymru Wales staff, hope to ensure that student friendly policies are maintained throughout their respective medical schools.

## Workforce Planning

We continue to work with Welsh Government and the NHS Reconfiguration Schemes to contribute towards the changing NHS services in Wales and the shape of future training. Various regional schemes have been proposed and are being reviewed, and we look forward to their continued development. Student input, as the doctors of the future, has been extremely valued, and we hope this continues.

### **Occupational Health**

As part of our work with Welsh Council, WMSC have been working on a joint project investigating uptake of the flu vaccine amongst healthcare workers. As medical students in the clinical field, we are exposed to the influenza virus and may become ill or act as carriers of the illness. Despite this, some students have found it difficult to obtain the flu vaccine. A survey of students helped identify the difficulties experienced, which Welsh Council aim to tackle as part of planned work with Occupational Health Departments around Wales.

### **Communications**

Following a motion from MSC Conference 2013 regarding access for students to Welsh Language resources, WMSC is pleased to have received copies of a Welsh Language Pocket guide for students. This has been produced as a collaborative effort by the University of Glamorgan and Welsh Learning for Adults programme. With their permission, we hope to disseminate this very useful pocket guide to all medical students in Wales, and within postgraduate centre around the country.

Good communications with students through our reps and Facebook page have allowed effective dissemination of the latest news and updates to students. This includes the recent removal of Foundation Programme application points for presentations, FP application deadlines, updates about the PSA and oversubscription numbers.

If you are interested in the work of the WMSC you can contact us by emailing [lsteer@bma.org.uk](mailto:lsteer@bma.org.uk) or join our Facebook Group (BMA Wales Students.)

**Klara Brzyska**

**Chair, Welsh Medical Students Committee 2013 – 2014.**

# Report from the Scottish Medical Students Committee (SMSC)

The Scottish Medical Students Committee (SMSC) represents medical students studying across Scotland in Aberdeen, Dundee, Edinburgh, Glasgow and St Andrews. Meeting several times a year, our scope is everything and anything affecting the education and training, finance and welfare of constituents. With both health and education being matters devolved to the Scottish Parliament, we work closely with our public affairs team in Edinburgh to engage with the Scottish Government and meet key figures to convey the views of students. The committee is led by myself, Craig MacLean, from the University of Dundee, and the deputy chair Alistair Skea from the University of Glasgow. Each medical school has two elected representatives and are supported by BMA staff.

This year, we have been looking at concerns from members in Aberdeen around an increasing number of physician assistant/associate (PA) students whose training occasionally crosses that of medical students. This is a new role in the UK, and medical students have expressed a lack of clarity about both the role of PAs and the implications for medical training opportunities. We are continuing to seek clarity in this area.

We recently produced a finance guide for Scottish domiciled students. There have recently been changes to the funding system in Scotland and we hope this guide will help tackle the confusing world of finance and ensure our student members are getting the support they need.

This year, following the confusion with regards to the SJT and foundation programme from the previous session, we wrote to the deans of each medical school and encouraged them to extend communications regarding these subjects to students who will be facing the SJT and FPAS in the near future, such as 4th year students.

The junior doctor contract currently being negotiated will be our future employment contract, and therefore we have worked very closely with the Scottish Junior Doctors Committee (SJDC) on this matter. We look forward to continuing to be involved and providing students a say in the final deal.

Finally, in Scotland we have responded quickly to the publishing of the Shape of Training report, highlighting areas of agreement but also of concern. SMSC has raised serious concerns about the proposed moving of the point of registration and the disastrous impact such a move would have on medical students and ultimately, we believe, on patients. We continue to keep our members informed as the impact of this report is fully understood.

SMSC welcomes visitors at every meeting and is always looking for future representatives and leaders in Scotland. We work very closely with, and as a key part of, the UK team.

**Mr Craig Maclean**  
**Chair, Scottish Medical Students Committee 2013-2014**

## Abbreviations commonly used in the BMA

ASME	Association for the Study of Medical Education
BDA	British Dental Association
BIS	Department for Business, Innovation and Skills
BMAS	BMA Services Limited
BME	Board of Medical Education (BMA)
BoP	Branch of Practice
CC	Consultants Committee (BMA)
CCT	Certificate of Completion of Training (NHS)
CMF	Christian Medical Fellowship
CMO	Chief Medical Officer, Department of Health
COPMeD	Conference of Postgraduate Medical Deans
DDRB	Review Body on Doctors' and Dentists' Remuneration
DH	Department of Health
EA	Employment Adviser (BMA local offices)
EO	Executive Officer (BMA national offices)
E&DC	Equality and Diversity Committee (BMA)
EMSA	European Medical Students Association
EPM	Educational Performance Measure
EWTD	European Working Time Directive
F1/F2 (FY1/FY2)	Foundation Year 1/Foundation Year 2
FP	Foundation Programme
GMC	General Medical Council
GPC	General Practitioners Committee (BMA)
HEE	Health Education England
HEFCE	Higher Education Funding Council for England

HPERU	Health Policy and Economic Research Unit (BMA)
IFMSA	International Federation of Medical Students Association
IRO	Industrial Relations Officer (BMA local offices)
ISC	Intra School Committee (MSC)
ISFP	Improving Selection to the Foundation Programme
JDC	Junior Doctors Committee (BMA)
JMF	Junior Members Forum (BMA)
JNC(J)	Joint Negotiating Committee (Juniors) (BMA and NHS Employers)
LETB	Local Education and Training Board
MASC	Medical Academic Staff Committee (BMA)
MDU	Medical Defence Union
Medsin	Medical Students International
MPS	Medical Protection Society
MMC	Modernising Medical Careers (Department of Health initiative from 2005)
MSC	Medical Students Committee (BMA)
MTAS	Medical Training Application Service (a failed initiative, implemented for one year 2007)
NHSE	NHS Employers
NHS:MEE	NHS Medical Education England (now superseded by HEE)
PHMC	Public Health Medicine Committee (BMA)
SASC	Staff and Associate Specialists Committee (BMA)
SJT	Situational Judgement Test
SLC	Student Loans Company
tMSC	The Medical Schools Council
UKFPO	The UK Foundation Programme Office
ULU	University of London Union Medgroup

# UK Medical Students Committee Election 2014

## Your choice, your vote

The BMA Medical Students Committee is the voice of medical students in the UK. We are seeking nominations for a BMA Student Representative and a Deputy Student Representative from every medical school.

By standing in the UK MSC elections, you can make a real difference to medical students at your school and nationally, whilst demonstrating the skills you need to get ahead in your career

**NOMINATIONS OPEN/CLOSE:**  
**9 April – 30 April 2014**

For more information on the elections at your medical school go to <http://bma.org.uk/msc>

**Make sure you're a member**  
By joining the BMA you can use your voice on the real issues affecting students today and get the support you need to help you through your medical studies. [bma.org.uk](http://bma.org.uk)

**WANT TO  
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