

Medical students conference Agenda and Guide

BMA House, London – 24-25 April 2015





Arrash Arya Yassaee
Chair of conference



Chidi AmadiDeputy Chair of Conference



Carol Kwon
Agenda committee member



Emma Runswick Agenda committee member



Harrison Carte
MSC Co-Chair



Kristy Ward
Agenda committee member



Theofilos El Sayed Omar Past chair of conference



Charlie Bell

#MEDstudentconf

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Welcome from the Chair of the Medical Students Conference 2015

Dear Conference,

It is with great pleasure that I welcome you to the BMA Medical Students Conference 2015. This is my fourth and final Medical Students Conference, and I am very proud to be signing off by overseeing the most exciting series of debates, workshops and entertainment that we've had in recent years



Arrash Arva Yassaee, Chair of conference

Conference is the highlight of the Medical Students Committee calendar and offers you a unique chance to shape the work that the Association will undertake on your behalf. You are the ambassadors for over 42 000 medical students and with the most unpredictable general election (certainly in our lives) edging ever closer, the responsibility to make sure their voices are heard has never been so great.

As ever, the debate agenda is composed of the issues you felt need to be addressed, what you believed the future priorities should be, and where you identified that the BMA could better serve its members and the wider profession. This year we issued new guidance and ran a dedicated training workshop to ensure that all motions are clear, concise and the best possible platform for rigorous and informed discussion. Combined with the return of last year's more accessible debate format, I am looking forward to seeing as many faces; both fresh and familiar; participating in what is set to be an engaging and entertaining weekend of dialogue, discussion and drama.

Whether this is your first time attending or your fifth, it is just as easy to get involved. All you need is to reach through the agenda and make yourself aware of the current issues facing medical students and the wider profession. The Agenda Committee will be running a "teach in" session to explain the debate process and for added incentive, we have dedicated prizes for the best delegate, the best new delegate, and the best delegation. Much of this weekend would be impossible without the support of my Agenda Committee and they deserve a great deal of thanks for their hard work.

However, Conference isn't just for setting policy but also about training and recruiting the medical leaders of tomorrow. Building on last year's success, we have an array of workshops to suit all interests, whether you want to learn about policy writing or lobbying, gain simple public speaking or social media skills or discuss key political or ethical issues with likeminded people across the UK. There is also a chance to pose questions to the current officers about their tenure and to learn more if you plan to run for office yourself.

Finally, this year sees the introduction of the BMA app to the Medical Student Conference. I am very excited to be able to introduce this to Conference and look forward to the future innovations my successors can bring with this new tool.

I hope you enjoy Conference and leave with an enthusiasm to get more involved in your profession's future. Please do feel free to come say hello — I am looking forward to meeting you all and seeing you share your visions as the leaders of tomorrow.

Warmest,

Arrash Arya Yassaee

Welcome from the Co-Chairs of the BMA Medical Students Committee 2014-15



Harrison Carter and Charlie Bell Co-chairs

Dear delegate,

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 that 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.

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 that 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! If you haven't thought about standing for MSC — please do. It's through people like you that change happens.

It is the 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. With a General Election looming we have seized the opportunity to lobby hard on a range of issues, but here we would like to focus on just three key developments.

Oversubscription to the Foundation Programme reared its ugly head for a fifth successive year and we have continued to engage 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 to our work on oversubscription, we have continued to engage with the GMC over several issues. They have published a consultation on education standards, have been considering a national exam and looking at the future of medical training. These are all important issues for our future and the future of those students that will follow our footsteps.

Thirdly we have closely followed the BMA negotiations on the junior doctor contract and have worked closely with colleagues in the Junior Doctors Committee to feed into developments throughout the year on both this and other proposals for future medical education and training.

Your conference Chair and 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. We've even extended the break time to give you an opportunity to come and chat to us. Please do — this is your BMA and we want to make it even more so.

Enjoy the conference!

Mr Charlie Bell

Medical students committee, co-chair

Mr Harrison Carter

Medical students committee, co-chair

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 24 April 2015, 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

You can claim standard class return travel to conference.

The BMA now uses an electronic claim system for travelling and subsistence expenses called 'Concur'. Separate guidance is available on this on the app or in your packs. Please note that receipts are required for each claim made regardless of cost and must be submitted with your expenses claim. Concur can be accessed via the website: www.concursolutions.com

A Concur App is also available to download through the app/play stores which can be used to scan images of receipts.

A number of training guides are available on the BMA website –

http://bma.org.uk/committeeexpenses

If you have any issues, please contact John O'Connor (Telephone: 0207 387 6458/ Email: concur.queries@bma.org.uk) As meals are being provided free of charge, other meal expenses will not be paid. Please do not try to claim these.

Feedback

We value your feedback and use this each year in designing the next year's conference. Please complete your evaluation form and hand it in to reception as you leave.

Catering Arrangements

Breakfast will be served in your hotels. Lunch on Friday & Saturday 24 & 25 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 hall.

No-smoking Policy

Please note that the BMA operates a strict no-smoking policy at all of its events. This includes the courtyard and outdoor spaces of BMA House.

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.

Political Neutrality and The Lobbying Act 2014

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. This year delegates are also asked to be particularly mindful not to fall foul of the Transparency of Lobbying, Non-party Campaigning and Trade Union Administration Act 2014. The BMA is registered with the Electoral Commission (regulatory body) as a nonparty campaigner. Our expenditure on activities aimed at the public and intended to influence voters is closely monitored, as it is subject to statutory limits and strict reporting requirements. Delegates are therefore asked to refrain from making any statements intended to influence voters to vote for or against political parties or categories of candidates.

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

Defamation comes in two forms -

- Libel which is the publication in permanent form of a defamatory statement e.g. in writing (hard copy), recorded spoken words in video form or voice recording
- (2) Slander is its publication in transitory form e.g. spoken, unrecorded word.

The law of defamation also applies to postings on the internet. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

It should be noted that there are a number of defences to a claim of defamation. These include: (a) truth — being able to show that what was said is true; (b) honest opinion — the honest expression of opinion; (c) publication on matter of public interest — for those publishing material which they reasonably believe is in the public interest; and (d) absolute and qualified privilege — a statement fairly made in the discharge of a 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.

WI-FI

To access BMA House Wi-Fi, please select the member network and use the username and password that you use for the BMA website.

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 'Gatsby' themed.

Programme and Timetable Friday 24 April 2015

Friday 24 April 2015



11.30 – 12.00	Registration
12.00 – 12.30	Lunch
12.30 – 12.45	Welcome from Chair of Conference
12.45 – 13.00	Speech from the Medical Students Committee co-chairs
13.00 – 13.30	Keynote Speech (Professor Jane Dacre)
13.30 – 14.45	Workshop
14.45 – 15.10	Refreshments – "Meet the Officers surgery"
15.10 – 15.30	Teach-In
15.30 – 17.25	Part One of the Agenda
17.25 – 17.30	Debrief of Day and election information
18:00 hrs	Deadline for priority motion vote and any motions from workshops
19.30 – midnight	Gala Dinner and Social Event (Great Gatsby Theme)

Programme and Timetable Saturday 25 April 2015

Saturday 25 April 2015



09.30 - 09.35	Introduction to day two
09.35 – 09.50	Speech from Chair of BMA Council
09.50 – 10.15	Open Debate
10.15 – 12.30	Part One of the Agenda
10:00hrs	Deadline for Chair and Deputy Chair nomination forms
11.00hrs	Deadline for other election nomination forms
12.30 – 13.15	Lunch
13.15 – 14.15	Part One of the Agenda Cont.
14.15 – 14.45	Introduction to Candidates and Voting
14.45 – 15:00	Accountability session
15.00 – 15.30	Part One of the Agenda Part Two of the Agenda: Emergency motions, Balloted motions, workshop motions and matters arising from Conference
15.30 – 15.45	Refreshments
15.45 – 16.45	Part Two of the Agenda: Balloted motions, workshop motions and matters arising from Conference
16.45 – 17.00	Close and election results

Deadlines

- Submission of emergency motions:
 09.00, Friday, 24 April 2015
- Submission of amendments and riders:
 09.00, Friday, 24 April 2015
- Submission of Workshop Motions (if applicable):
 18.00, Friday, 24 April, 2015
- Receipt of voting papers for Part 2 of the Agenda:
 18.00, Friday, 24 April 2015
- Submitting nomination forms for Chair and Deputy Chair positions:
 10.00, Saturday 25 April 2015
- Submitting nominations forms for all other positions:
 11.00, Saturday, 25 April 2015
- Receipt of voting papers for elections:
 to be announced Saturday, 25 April, 2015

Order of Business

Friday 24 April 2015 12.30 **Welcome and Introductions** Welcome from the 2015 Chair of Conference. Minutes of the 2014 MSC Conference Approval of minutes of the previous MSC Conference held on Friday 23 and Saturday 24 April 2014 (previously emailed to delegates and available in the app). **Conference Standing Orders** Approval of Standing Orders for 2015 Conference (previously emailed to delegates and available in the app) MSC subcommittee reports Receive reports from the MSC Finance, Education and Welfare Subcommittees (previously emailed to delegates and available in the app). **Action on 2014 Resolutions** Receive resolutions and actions from the 2014 Conference (previously emailed to delegates and available in the app). **MSC Policy** Approval of proposed lapsed motions from the MSC Policy Guide (previously emailed to delegates and available in the app). Update from the Medical Students Committee co-chairs 12.45 Receive report from the MSC co-chairs (2014-15) Charlie Bell and Harrison Carter. 8. **Keynote Speech** 13.00 Receive address from Professor Jane Dacre (President of the Royal College of Physicians) Workshops 13.30 Take part in a workshop of your choice, as previously selected.

14.45

10. Part 1 of the Agenda – motion debates

MSC Conference Workshops 2015

13.30 – 14.45, Friday 24 April 2015

Workshop Topic	Speaker	AC Rep Facilitator	Summary of workshop aims and content
Ethics	Dr Julian Sheather (BMA senior ethics advisor)	Theo El Sayed Omar	This session will look into how to approach ethical dilemmas that medical professionals face on a daily basis. The workshop will elaborate on issues such as your interaction as a medical student or a junior doctor with senior health professionals; clashes between medical duty and working hours; whistleblowing and addressing inappropriate performance of others.
Media	Mr Jon Hinchmore and Ms Kelly Spring (BMA Communications and Marketing)	Chidi Amadi	This session will demonstrate how medical students can improve their communication skills and thus better represent themselves and their medical schools. The session will focus on Facebook, Twitter, BMA Communities as well as face-to-face communication illustrating how both the BMA and you can use these tools for advancement and raising awareness of medico-political issues and other topics of importance to you as a medical student.
Lobbying and Influencing	Dr Sveta Alladi, Faculty of Medical Leadership and Management	Emma Runswick	This session aims to equip you with the tools you need to improve and expand your influence in a range of environments - including medical school, committees and conference. It will teach the core principles of effective lobbying, and you will learn to identify which strategies will work in different situations. Our expert will also cover the importance of doctors as leaders in healthcare and how you can build up your leadership skillset.
BMA Question Time	Mr Raj Jethra (HPERU), Mr Charlie Bell (MSC), Dr Luke Boyle (JDC), Mr Paul Gadsby (BMA Media Office)	Harrison Carter	This session will provide the opportunity for delegates to engage with speakers on a wide range of issues that concern them most about the future medical workforce. The speakers will begin by providing a brief introduction on workforce planning, including oversubscription to the Foundation Programme, movement of GMC registration and the impact of wider health proposals. This will be followed by breakout groups where delegates will discuss these issues further by listing their anticipated implications, their effect on the public and the NHS and how they can be resolved. A general 'Question Time' style debate will close the session.
Analysing Policy	Ms Sally Al-Zaidy, Senior Policy Executive, BMA Health Policy Unit	Carol Kwon	Moving the point of registration, seven day services, the Five Year Forward Viewthe NHS has new policies coming out of its ears, but how can you tell which ones make any sense? Join the BMA's Health Policy and Economic Research Unit (HPERU) in this exclusive workshop designed to help you hone your policy analysis skills. Participants will learn about policy making at the BMA, be guided through a framework for sound policy analysis and then put this framework into practice through group discussion on a case study. Join us and never be confused by a new health policy again!

Workshop Topic	Speaker	AC Rep Facilitator	Summary of workshop aims and content
Dealing with stress & emotional resilience	Dr Mike Peters, Head of BMA Doctors for Doctors Unit	Kirsty Ward	This session will provide delegates on opportunity to discuss and critique some attitudes and behaviours demonstrated by medical professionals in the event that a docto is the patient. The session hopes to facilitate guided and supported discussion regarding a range of welfare topics such as maintaining an recognising mental and physical health, settin boundaries and respecting expectations and the support you can receive in your medical school. We hope to empower BMA members to continue these discussions in their personal and medical careers in order to tackle the stigma of mental and physical health. It will als be an opportunity to find out more about the services which Doctors for Doctors provide
Public speaking and debating	Ms Susan Edwards, BMA Medical Careers Consultant	Arrash Arya Yassaee	This session aims to provide you with the tools you need to improve your speaking skills in a range of environments including medical school, clinical placements, and even at the conference debating lectern! Our experienced trainer will give you tips for presenting; influencing, preparation and delivery and will arm you with practical skills for conference and your career.

Part 1 of the Agenda

		Finance
		rillalice
1 *	AC1	 Motion by CONFERENCE AGENDA COMMITTEE This conference calls on the BMA to lobby for assurances on international student fees, including: i) Explicit statements, prior to course commencement, of any future fee rises. ii) A cap on fee rises, in line with inflation. iii) Assurances that any changes to ACT funding will not result in increased fees for international students studying in Scotland.
ć	a S1058	 Motion by LEICESTER MEDICAL SCHOOL This conference calls on the BMA to: i) Lobby medical schools to explicitly state any future international tuition fee rises, prior to the commencement of studies. ii) Petition for a cap on international fee rises in line with inflation.
l	S1101	Motion by SCOTTISH MSC This conference believes that any changes to ACT funding should not result in further increases in the cost to international students of studying in Scotland.
2	S1016	Motion by ST GEORGES MEDICAL SCHOOL This conference calls on the BMA to lobby the Medical School's Council to ensure no further cuts take place to graduate entry medicine courses.
3	S1024	Motion by BIRMINGHAM MEDICAL SCHOOL This conference calls for the BMA to lobby governments and the relevant UK student finance authorities to pay the first part of the maintenance loan at the start of every academic year.
4P (Open Mic)	S1204	 Motion by FINANCE SUBCOMMITTEE This conference calls for: i) The creation of paid student doctor optional positions across hospital departments; ii) Medical student loans to reflect the time commitment of studies, including time spent studying at weekends and holiday periods.
		Medical Students Committee and Conference
5 *	S1036	Motion by MSC EXECUTIVE This conference calls for progress updates on all items in the MSC policy book to be published at least biannually under the responsibility of the Chair of Conference.
a	s S1098	Motion by EDINBURGH MEDICAL SCHOOL This Conference calls for progress updates on all items in the MSC policy book to be published at least biannually.
6 *	AC3	Motion by CONFERENCE AGENDA COMMITTEE: This conference calls on the MSC Agenda Committee to produce formal guidance for MSC reps on delegate and motion selection, and to quality assure the selection process by: i) Encouraging Agenda Committee reps to attend medical school recruitment meetings; ii) Encouraging concerns to be raised anonymously to the Chair of Conference; iii) Establishing a compulsory standardised selection process at all medical schools.
ć	a S1079	Motion by KINGS COLLEGE MEDICAL SCHOOL This conference calls for formal guidance on conference delegate selection and to support this by: i) Running a transparent quality assurance process on recruitment ii) Encouraging AC reps to attend other university recruitment meetings iii) Encouraging those with concerns to raise them anonymously to the chair of conference.

	b	B001	Motion by BARTS AND THE LONDON MEDICAL SCHOOL This conference calls for a standardised democratic process for all schools for motion and delegate selection including: i) Online voting to select motions, with emailed reminders and results ii) Proposers of successful motions with the highest number of votes to become delegates. iii) MSC representatives to allocate spare places, giving priority to newcomers.
7		S1062	Motion by DUNDEE MEDICAL SCHOOL This conference calls for the prompt re-instatement of a printed and distributed Student BMA News.
			The Foundation Programme and Further Training
8P (Oper Mic)	1	S1047	Motion by GLASGOW MEDICAL SCHOOL This conference believes the Situational Judgment Test should be sat in the penultimate year of medical study.
9	*	AC5	Motion by MSC Agenda Committee This conference calls upon the UK implementation group to invite further discussion and consultation on the shape of training review, including assurances on graduate entry programmes.
	а	S1033	Motion by MSC EXECUTIVE This conference calls upon the UK implementation group to invite further discussion and consultation on the shape of training review.
	Ь	S1074	Motion by WARWICK MEDICAL SCHOOL This conference calls on the BMA to lobby for the explicit protection of graduate entry programs in any future changes arising from the Shape of Training report.
10		S1096	Motion by SCOTTISH MSC This conference believes despite potential changes to the point of full GMC registration, all students who study at UK medical schools for their primary medical qualification should have equal priority when applying for the foundation programme.
			Widening Participation
11P (Oper Mic)	1	S1003	Motion by BRISTOL MEDICAL SCHOOL This conference calls upon the government to create a national scholarship program whereby at least 10% of medical school places in England should be tuition fee free.
			Student Welfare
12	*	AC4	Motion by Conference Agenda Committee: This conference calls on the MSC to lobby for medical students to have access to healthcare which maintains confidentiality from their peers.
	а	S1013	Motion by OXFORD MEDICAL SCHOOL This conference calls on the BMA to create a researched policy on maintaining medical student confidentiality if healthcare is sought within hospitals and practices associated to one's medical school
	b	S1069	 Motion by SOUTHAMPTON MEDICAL SCHOOL This Conference believes that: i) students should be informed about alternative healthcare locations that are not attached to their medical school; ii) Trusts should clearly advertise the presence of medical students in clinics.

13 AC₆ Motion by Conference Agenda Committee: This conference calls for every medical school to adhere to existing GMC guidance on mental health and to provide: Clear guidance concerning disciplinary processes when mental health is a contributing Comprehensive and accessible alcohol policies specifically tailored to their medical students a S1014 Motion by SHEFFIELD MEDICAL SCHOOL: This conference: calls upon the Medical School Council to determine the extent to which the guidance in GMC's Student Mental Health Review (2012) and Identifying good practice among medical schools in the support of students with mental health concerns (2013) has been implemented calls upon medical schools to provide clear guidance concerning disciplinary processes when mental health is a contributing factor. **Motion by WELFARE SUBCOMMITTEE:** This conference calls for the BMA to lobby medical 14 S1040 schools to provide comprehensive, visible and accessible alcohol policies, specifically tailored to their medical students. **Health and Society** 15 AC7 Motion by CONFERENCE AGENDA COMMITTEE This Conference calls on the BMA to help address the healthcare needs of vulnerable groups (including asylum seekers; travellers; homeless people; sex workers etc.) by: Encouraging the registration of, and commissioning for, all patients; ii) Raising awareness of the healthcare needs of these groups and the legislative and logistic barriers they face in accessing healthcare; iii) Lobbying the government to provide free access to all NHS areas to all; iv) Engage with other unions and professional associations to advise all NHS staff not to partake in any process of migration status monitoring. a S1037 Motion by CARDIFF MEDICAL SCHOOL This conference calls upon the BMA to work with government bodies to increase awareness of the healthcare needs of refugees and asylum seekers among medical professionals and to reduce health inequities by meeting these needs. b S1075 Motion by WARWICK MEDICAL SCHOOL This conference calls on the BMA to investigate ways to ensure vulnerable groups (e.g. Sex workers, Homeless people, Asylum Seekers, Travellers and Gypsies) are not excluded from commissioning. c S1093 Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL This conference instructs the BMA to: Run a public awareness campaign (including the production of materials including an infographic and YouTube video) on the benefits of immigration and the potential damage of the 2014 Immigration Act to recruitment and NHS values.

- ii) Engage with other unions and professional associations to issue cohesive guidance to all NHS staff advising them not to partake in any process of monitoring or deciding upon a patients' migration status.
- iii) Offer support to doctors who fear victimisation as a consequence.

d B002 **Motion by BARTS AND THE LONDON MEDICAL SCHOOL** This conference calls on the BMA to:

- i) Work with the RCGP to issue guidance encouraging patient registration irrespective of proof of address
- ii) Lobby the government to provide free access to all NHS areas to all people
- iii) Launch a public awareness campaign about the effects of laws surrounding NHS access for undocumented migrants.

16	S1082	Motion by NOTTINGHAM MEDICAL SCHOOL This conference urges the BMA to lobby to stop the negotiations between EU-US on forming a Transatlantic Trade and Investment Partnership (TTIP).
17	S1087	Motion by ST ANDREWS MEDICAL SCHOOL This conference supports Médecins Sans Frontières #droptheprice campaign and calls on the UK government to support the campaign.
18	S1054	Motion by SWANSEA MEDICAL SCHOOL This conference calls upon the BMA to support the Palestinian civil society call for Boycott, Divestment and Sanctions (BDS).
		Education
19	* S1034	Assessment & Feedback Motion by MSC EXECUTIVE This conference is concerned by plans to develop a 'passport to practice' and calls for: i) close BMA involvement in GMC national exam development, ii) immediate review of the SJT and PSA for potential assessment duplication, iii) Medical Schools Council analysis of the impact on students' final year of study.
	a \$1061	 Motion by DUNDEE MEDICAL SCHOOL This conference believes that any national licensing exam should: i) have a practical component. ii) come at no additional cost to medical students studying in the UK.
	b S1099	Motion by SCOTTISH MSC This conference supports a National Clinical Exam based on the clinical knowledge and skills gained during medical school and that negates the need for the SJT.
20	* S1053	 Motion by EXETER MEDICAL SCHOOL This conference calls for diversity in the delivery of medical education and calls on the BMA to lobby for: i) Standardised content to reflect the knowledge and competencies assessed by the GMC national licensing exam. ii) Minimal additional content disparities between curricula. iii) Compulsory provision of a 5-year curriculum outline.
	a S1020	Motion by ABERDEEN MEDICAL SCHOOL This conference calls for standardised annual summative exams across all UK medical schools.
	b S1097	Motion by EDINBURGH MEDICAL SCHOOL This conference supports a national licensing exam.
21	S1060	Motion by EDUCATION SUBCOMMITTEE This conference calls for appropriate support and remediation for students required to re-take the PSA. Furthermore it calls for: i) standardised implementation of the PSA across UK medical schools ii) foundation schools to declare (by the first PSA assessment date) what prescribing assessments are required during the FY1 shadowing period

iii) the MSC to lobby against the PSA becoming an employment requirement.

		Clinical Placement
22	S1090	Motion by KEELE MEDICAL SCHOOL This conference calls upon the medical schools council to produce guidance of how attendance should be recorded across all medial schools.
23	S1078	Motion by KINGS COLLEGE MEDICAL SCHOOL This conference resolves that the BMA MSC should investigate the feasibility of a 'National Health Schools Student Survey', and should work with Health Education England to implement it
24	S1201	Motion by QUEENS UNIVERSITY BELFAST This conference calls upon the BMA to lobby for hospital accommodation provided for medical students studying in Northern Ireland to meet a regionally agreed standard.
		Professional Medical Practice
25P (Open Mic)	S1043	Motion by LIVERPOOL MEDICAL SCHOOL This conference calls upon the Medical Students' Committee to lobby medical schools to allow non-disclosure of one incident of drug possession or usage when applying for jobs.
26	S1094	Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL This conference instructs the BMA to publicly show support for and solidarity with the NHS workers suffering real-terms pay cuts by: i) Announcing support for the NHS workers' industrial action on pay ii) Encouraging members to support strikers on the picket lines iii) Lobbying the government to implement the Independent Pay Review Board's recommended 1% pay rise for all NHS staff.
27 *	S1001	 Motion by NEWCASTLE MEDICAL SCHOOL This conference: i) Calls on the BMA to implement strategies to improve student perceptions of General Practice. ii) Calls on relevant stakeholders to work with the BMA in producing clear plans to recruit sufficient GPs, without infringing on career choice autonomy.
а	S1084	 Motion by NOTTINGHAM MEDICAL SCHOOL This conference calls for greater awareness of GP careers through: Improved primary care education in medical schools Increasing numbers of GPs delivering medical school teaching and on medical education boards Increased RCGP involvement with promoting the speciality to students.

		'A' MOTIONS Consideration of motions designated 'A'. Conference will be asked to vote on the block of 'A' motions without debate.
A28	S1025	Motion by BIRMINGHAM MEDICAL SCHOOL This conference calls on the BMA to lobby the Medical Schools Council and UK medical schools to ensure a minimum standard of medical leadership and management training is delivered in all UK medical schools as recommended by Tomorrow's Doctors and the Medical Leadership Competency Framework.
A29	* S1005	Motion by BRISTOL MEDICAL SCHOOL This conference proposes that the MSC and Northern Ireland MSC should work together to ensure that students from Northern Ireland who are studying in England receive the NHS bursary for tuition fees and living costs.
	a S1203	Motion by NORTHERN IRELAND MSC This conference instructs the MSC to lobby for Northern Ireland domiciled graduate medical students to have access to the NHS bursary.
A30	S1052	 Motion by CAMBRIDGE MEDICAL SCHOOL This conference calls on the BMA to: i) lobby the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) and the Department of Health to review the blood donation restrictions placed on MSM and their sexual contacts ii) Campaign for educational programmes promoting condoms, PrEPs and PEPs.
A31	S1095	Motion by EDINBURGH MEDICAL SCHOOL This conference calls on the BMA to lobby for an increase in foundation posts.
A32	* S1073	 Motion by EDUCATION SUBCOMMITTEE This conference reiterates previous calls for curriculum reform, notably the inclusion of: cultural awareness and language skills pre-hospital medicine and major trauma climate change and sustainability of the NHS basic first aid training to all medical students from their first year, to an agreed national standard genocide prevention forensic medicine management and leadership teaching and counselling skills tropical medicine and global health issues of sexual orientation professional and contractual elements social issues including homelessness, refugees and care of the elderly.
	a \$1066	Motion by MANCHESTER MEDICAL SCHOOL This conference instructs the BMA to lobby the Medical Schools Council to ensure that acute pre-hospital care training is included in the curriculum.
A33	S1207	Motion by FINANCE SUBCOMMITTEE This conference calls for the NHS Bursary Scheme to provide tuition fee support for intercalating Masters students irrespective of when during their course they choose to intercalate.
A34	S1017	Motion by ST GEORGES MEDICAL SCHOOL This conference is concerned that private medical schools will place additional strain on material and professional resources; and calls on the GMC to investigate this and establish objective minimum standards with regards to resource provision.
A35	S1007	Motion by HULL & YORK MEDICAL SCHOOL This conference calls for medical student maintenance loans to be proportional to term length.

A36	S1022	Motion by LEEDS MEDICAL SCHOOL This committee calls for additional loans to be made available to students studying undergraduate medicine as a second degree.
A37	S1021	Motion by LEEDS MEDICAL SCHOOL This committee calls for the upper limit of maintenance loans from the fifth year of study onwards to match the limits in earlier years.
A38	S1059	 Motion by LEICESTER MEDICAL SCHOOL This conference calls on the BMA to: i) Promote the inclusion of medical students as teachers within the medical curriculum; ii) Lobby medical schools to actively support peer led teaching initiatives.
A39	S1065	 Motion by MANCHESTER This conference calls upon the BMA to: i) Investigate the cost of living whilst studying medicine in the UK ii) Raise awareness of the impact of financial shortfalls on widening participation and student welfare iii) Lobby for increased bursary funding for medical students.
A40	S1068	Motion by MANCHESTER MEDICAL SCHOOL This conference calls upon the BMA to lobby the DoH to extend the HPV vaccination programme to adolescent males and men who have sex with men.
A41	S1012	Motion by PLYMOUTH MEDICAL SCHOOL This conference calls for published national standards and NHS trust guidelines on religious theatre uniform including authorized variations in dress code.
A42	S1015	Motion by SHEFFIELD MEDICAL SCHOOL This conference calls upon the medical schools to provide free accommodation for any students not placed at their main teaching hospital.
A43	S1089	 Motion by ST ANDREWS MEDICAL SCHOOL This conference i) reiterates previous call for publicized guidance for student members and Employment Advisors ii) supports closer integration between EAs and their respective medical schools.
A44	S1057	Motion by SWANSEA MEDICAL SCHOOL This conference believes that the cost of the GAMSAT exam is a barrier to widening participation and calls upon the BMA to support the reduction of GAMSAT fees and lobby for financial assistance.
A45	S1039	Motion by WELFARE SUBCOMMITTEE This conference calls for continued BMA lobbying to ensure mental health is thoroughly taught in all schools as part of the national curriculum.
A46	S1076	Motion by WELSH MSC This conference calls for an accredited Immediate Life Support course to be included in the curriculum for all UK medical schools.
A47	S1067	 Motion by MANCHESTER MEDICAL SCHOOL This conference calls upon the BMA to: i) Investigate the current mental health support provided by medical schools ii) Work with appropriate bodies to develop guidance and provide training for medical school staff dealing with student mental health issues.

Committee Business Motions

MSC Executive may submit up to three 'Committee Business Motions'. These will not be debated and will be passed into the policy book. They must be non-controversial and a benefit to the work of the committee. For 2015 MSC Executive have selected the following two motions.

CBM48 Motion by NEWCASTLE MEDICAL SCHOOL This conference calls on political parties,

with the support of BMA and relevant stakeholders, to refrain from basing health policy on anecdotal and political point scoring rather than grounded discussion of sound evidence.

CBM49 **Motion by EDUCATION SUBCOMMITTEE** This conference believes that the minimum length

of an undergraduate medical degree should not be defined by years of course study, but by the

5500 hours of training required by European law.

Order of Business

Saturday 25 April 2015

1. Motions from the workshops

In this section any motions generated from workshops on Friday 24 April will be debated.

2. Emergency motions

In this section any emergency motions that have not been debated elsewhere will be debated unless they fit better within a section of part 2 chosen motions.

3. 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 24 April will be debated. If time further motions will be taken in the order of preference as designated by the ballot.

Part 2 of the Agenda

			Finance
50		S1081	Motion by KINGS COLLEGE MEDICAL SCHOOL This conference is concerned by incorrect financial support offers and calls on the BMA to liaise with stakeholders to: i) Identify the causes ii) Research the effects on students iii) Determine a clear framework on how to avoid and correct these.
51		S1206	Motion by FINANCE SUBCOMMITTEE This conference believes that the government's proposed postgraduate loans: i) Should not be limited to 1 year courses; ii) Should not be limited to students aged under 30.
52	*	S1045	Motion by GLASGOW MEDICAL SCHOOL This conference calls upon the MSC to lobby for sufficient and equitable travel expenses to be provided to all medical students across the UK.
	а	S1091	Motion by KEELE MEDICAL SCHOOL This conference calls for a separate transport expenses loan or grant to be made available to all medical students.
	b	S1006	Motion by BRISTOL MEDICAL SCHOOL This conference proposes that the NHS travel bursary scheme be amended so that students do not have to meet the first £300 of travel costs to placements.
53	*	AC2	Motion by CONFERENCE AGENDA COMMITTEE: This conference calls upon the MSC to investigate the average additional student expenditure incurred in pursuing a medical degree and to lobby for: i) one-off payments to cover these costs ii) additional loans to cover these costs.
	а	S1009	Motion by HULL & YORK MEDICAL SCHOOL This conference calls upon the MSC to investigate the average additional student expenditure incurred in pursuing a medical degree (including clothing, travel and equipment) and to lobby for a one-off payment to cover these.
	b	S1026	Motion by BIRMINGHAM MEDICAL SCHOOL This conference calls upon the BMA to lobby governments and student finance authorities to, where required, allow medical students to borrow more money to cover the additional costs of clinical training.

54	S1205	Motion by FINANCE SUBCOMMITTEE This conference believes that the Disabled Students Allowance (DSA) fund: i) Should cover the entire cost of support for students with disabilities. ii) Should be funded by government.
55	S1004	Motion by BRISTOL MEDICAL SCHOOL This conference proposes that the government should amend the role of the GMC so that the level of financial assistance provided by medical schools to students should be included as a formal criteria in medical school inspections.
56	S1008	 Motion by HULL & YORK MEDICAL SCHOOL This conference calls upon the MSC to: i) Lobby for career development loans to be available from the second year of study. ii) Work with the government to study the feasibility of introducing a system of government-regulated private student loans.
		Medical Students Committee
57	S1032	Motion by ABERDEEN MEDICAL SCHOOL This conference calls for the same travel expense policies to apply across all BMA branches of practice.
58	S1048	Motion by GLASGOW MEDICAL SCHOOL This conference calls upon the MSC to keep Student BMJ editorship in student hands.
		The Foundation Programme and Further Training
59	S1092	Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL This conference instructs the BMA to lobby the relevant bodies to amend the SJT in order to: i) improve its reliability and granularity ii) achieve greater equality between ethnic groups iii) provide a public forum to discuss these and other issues with the SJT.
60	S1085	Motion by NOTTINGHAM MEDICAL SCHOOL This conference believes that universities should provide offer decisions to medical applicants earlier in the school year.
61	S1044	Motion by LIVERPOOL MEDICAL SCHOOL This conference calls upon the BMA to lobby for an extension of the 4 day FY1 shadowing period in August.
		Student Welfare
62	S1088	Motion by PLYMOUTH MEDICAL SCHOOL This conference i) calls for random drug tests during clinical placement years iii) urges the BMA to lobby for appropriate medical and pastoral support for all students who volunteer any substance misuse.
63	S1077	Motion by WELSH MSC This conference calls for assurances that students on the Foundation

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		The Medical Profession
64	S1064	 Motion by DUNDEE MEDICAL SCHOOL This conference supports the decision made by junior doctor representatives in 2014 to suspend contractual negotiations, and: i) Publically condemns Government suggestions that doctors working until 10pm on a Saturday and Sunday night are not working unsocial hours. ii) Calls on the BMA to lobby for basic needs including access to hot food and more than one 30 minute break in a 10-hour shift iii) Invites governments to work constructively with the BMA on a contract that protects the welfare of patients and doctors.
65	S1102	Motion by EDINBURGH MEDICAL SCHOOL This conference calls on the BMA to highlight more female doctor role models.
		Health and Society
66	S1050	Motion by CAMBRIDGE MEDICAL SCHOOL This Conference calls on the BMA to lobby for a reassessment of the criteria for brain death in anencephalic neonates.
67	S1049	Motion by GLASGOW MEDICAL SCHOOL This conference calls on the MSC to lobby for free influenza vaccinations for all medical students.
68	S1051	Motion by CAMBRIDGE MEDICAL SCHOOL This conference denounces BMA policy on assisted dying and calls on the BMA to: i) Actively incorporate the views of medical students ii) Create a BMA-endorsed survey of student opinion to inform future policy.
69	S1038	Motion by CAMBRIDGE MEDICAL SCHOOL This conference calls for new taxation: i) on foods high in saturated fats, salt or sugar ii) to subsidise healthy eating options.
70	B003	Motion by BARTS AND THE LONDON MEDICAL SCHOOL This conference calls on the BMA to write to UK universities conducting health-related research by April 2016, demanding the adoption of a policy for licensing patentable output that is consistent with the Global Access Licensing Framework (GALF) V2.0, and to publish responses on the BMA website.
		Education
71	\$1035	 Motion by MSC EXECUTIVE This conference: i) Calls for discussion of organ donation to be a compulsory part of communication strands in medical school curricula. ii) Encourages all students to sign up to the organ donor register. iii) Calls for increased campaigning to raise numbers of those signed up.
72	S1002	Motion by NEWCASTLE MEDICAL SCHOOL This conference calls on the BMA to work with medical schools and other relevant stakeholders to ensure the positive promotion of role models across all medical career paths.

73	S1072	Motion by SOUTHAMPTON MEDICAL SCHOOL This conference notes that prize-giving practices differ between medical schools and believes that the available number of medical school prizes should be proportional to student numbers.
74	S1100	Motion by SCOTTISH MSC This conference demands the overseas cap on medical student numbers remains in place.
75	S1019	Motion by ABERDEEN MEDICAL SCHOOL This conference calls for a minimum of 75 hours of work experience (across a variety of disciplines) to be a necessary requirement for medical school admissions.
		Academic Standards, Quality & Resources
76	S1010	 Motion by HULL & YORK MEDICAL SCHOOL This conference calls upon the MSC to lobby universities to ensure: i) That all medical students have access to key resources outside of traditional university term times ii) 24 hour medical library access.
77	S1042	Motion by CARDIFF MEDICAL SCHOOL This conference believes health professionals have a role in improving patient experience through simple acts at the bedside and calls for BMA to support the 'Ask One Question' campaign to raise its profile.
78	S1046	Motion by LIVERPOOL MEDICAL SCHOOL This conference instructs the BMA to lobby for comprehensive teaching on abortion to be included in the medical curriculum.
79	S1070	Motion by SOUTHAMPTON MEDICAL SCHOOL This conference calls upon the BMA to lobby medical schools to provide clear guidance on how to participate in audits and research.
80	S1202	Motion by NORTHERN IRELAND MSC This conference instructs the Medical Students Committee to lobby the UKFPO to give a higher weighting to the Educational Performance Measurement when ranking FPAS applicants.
81	S1055	Motion by SWANSEA MEDICAL SCHOOL This conference instructs the BMA to lobby for the introduction of a national audit database, carrying all current and complete audits and accessible to anyone conducting audits.
		Clinical Placement
82	S1023	 Motion by LEEDS MEDICAL SCHOOL This committee: i) Believes that medical schools should establish a minimum requirement for timetabled teaching sessions on clinical placement. ii) Believes that medical schools should approve teaching timetables from all their sites prior to commencement of placements.

		Curriculum
83	S1030	Motion by OXFORD MEDICAL SCHOOL This conference calls on the BMA to ensure that the teaching of anatomy should be complimented with radiological images.
84	S1071	Motion by SOUTHAMPTON MEDICAL SCHOOL This conference recognises and supports the need for a national policy to allow student who intercalate to be ranked fairly with their new year group.
85	S1031	Motion by OXFORD MEDICAL SCHOOL This conference calls for the teaching of sleep medicine and circadian rhythms in physiology to be emphasised more in the GMC requirements for the BM degree.
86	S1041	 Motion by WELFARE SUBCOMMITTEE This conference calls for: i) pre-clinical curricula to cover principles of "emotional intelligence" and "resilience" in clinical practice; ii) clinical curricula to include further teaching on developing these attributes; iii) course feedback to allow students to express personal difficulties in clinical environments.

MISCELLANEOUS

87 S1080

Motion by KINGS COLLEGE MEDICAL SCHOOL This conference calls on the BMA to encourage members to partake in positive journalism in the mainstream media by offering targeted training in the form of workshops, eLearning online modules and webinars.

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 their priority and second priority motions. Top priority motions (and most second priority motions) have been 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 motions will be debated at Conference. Most of the remaining 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 2016
- Deputy Chair of Conference for 2016
- Four other members of the Conference Agenda Committee for 2015
- Three representatives to attend the 2015 Junior Doctors Conference at BMA House
- A number of representatives to attend the 2015 Annual Representative Meeting (ARM) of the BMA

You don't have to be an MSC rep or Deputy rep 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 usually be prioritised. Following the debate the Conference 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 Standing Orders).

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.

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 and the AC 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 any 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 usually 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.

What are P Motions/Open mic debates?

'P' motions prefixed with 'P' are motions which are to be given priority. P motions are selected prior to conference by the Agenda Committee or at the discretion of the Chair on the day of conference, should there be a high demand of speakers slips submitted on both sides of the debate. They are debated with a short opening speech from the proposer of the motion and then the debate is opened out to the entire conference with speakers being able to speak for a maximum of one minute each at open microphones positioned around the hall. At the conclusion of the debate, the motion is voted on in the usual manner.

What are 'Committee Business Motions'

MSC Executive may submit up to three 'Committee Business Motions'. These will not be debated and will be voted on together and, if agreed, will be passed into the policy book. They are only selected if non-controversial and a benefit to the work of the committee. You will have an opportunity to submit any enquires on committee business motions to the MSC, after publication of the agenda prior to conference. In the unlikely event that you strongly disagree with a motion being labelled 'Committee Business Motion', 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 9am on 24 January 2015), 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 or department. 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 2015-16.

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.

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.

Deputy Chairs of MSC

The MSC splits workload amongst three deputy chairs (Welfare, Finance and Education) who are elected to lead on their policy areas and support the co-chairs in taking forward work. Deputy Chairs may be asked to sit on top table for relevant sections/ motions in order to brief the Conference Chair.

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 2014-15 Session are as follows:

Chair of BMA Council:

Chairman the Representative Body:

President:

Treasurer:

Dr Mark Porter

Dr Ian Wilson

Baroness Ilora Finlay

Dr Andrew Dearden

Secretary to MSC

Advises and assists the Chair or Co-Chairs in relation to policy and procedure and manages the secretariat team that supports the MSC.

Committee Services Officer

Takes minutes and provide general assistance to the Chair and top table.

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 2016
- 2. Deputy Chair of Conference for 2016
- 3. Four members of the Agenda Committee for the Conference 2016
- 4. A number of representatives to attend the Annual Representative Meeting of the BMA at Liverpool, 21-25 June 2015
- 5. Three representatives to attend the Junior Doctors Conference in BMA House on 16 May 2015

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 and co-ordinating guest speakers and workshop facilitators
- Compiling the debate agenda including:
 - choosing priority motions
 - recommending motions for open mic debate
 - considering composite motions
 - ordering the agenda
 - co-ordinating and assisting Agenda Committee members with amendments to motions
- chairing the debating sessions during Conference
- updating the policy guide following Conference
- advising the MSC and Exec on Conference policy
- answering email/verbal queries regarding Conference.

Time commitments

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

- 3/4 x Agenda Committee meetings
- Conference (2 days)
- MSC training day
- 4 x MSC meetings
- 4 x MSC 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 8 hours per week in the weeks prior to conference and around motion submission deadline.

Deputy Chair of Conference

Responsibilities

The Deputy Chair of Conference is responsible for:

- assisting and supporting the Chair of Conference
- leading on choice of 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:

- 3/4 x Agenda Committee meetings
- 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
- Providing continuous input to conference planning including
- Workshop responsibilities (organising, designing and facilitating)
- Undertaking other tasks as allocated by the chair
- Ensuring the smooth running of the Conference on the day by assisting and advising delegates, co-ordinating speakers, counting votes, running a teach-in etc.

Time commitments

Agenda Committee members are required to attend the following meetings:

- 4 x Conference Agenda Committee meetings
- Conference (2 days)
- Additional time commitments throughout the year depending on delegated work.

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 Chair should be submitted by 10.00 on Saturday 25 April and nominations for all other positions should be submitted to the secretariat in writing by 11.00 on Saturday 25 April 2015. 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 2015-16 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 Irish 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.

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

EΑ Employment Adviser (BMA local offices) ΕO Executive Officer (BMA national offices) EIC **Equality and Inclusion Committee EMSA European Medical Students Association EPM Educational Performance Measure European Working Time Directive FWTD** F1/F2 (FY1/FY2) Foundation Year 1/Foundation Year 2

FΡ 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)

International Federation of Medical Students Association **IFMSA**

IRO Industrial Relations Officer (BMA local offices) **ISFP** Improving Selection to the Foundation Programme

IDC Junior Doctors Committee (BMA) Junior Members Forum (BMA) IMF

JNC(J) Joint Negotiating Committee (Juniors) (BMA and NHS

Employers)

I FTB Local Education and Training Board MASC Medical Academic Staff Committee (BMA)

MDU Medical Defence Union Medsin Medical Students International

Medical Protection Society Modernising Medical Careers (Department of Health initiative MMC

from 2005)

MSC Medical Students Committee (BMA)

Medical Training Application Service (a failed initiative, **MTAS**

implemented for one year 2007)

NHSE NHS Employers

MPS

NHS:MEE NHS Medical Education England (now superseded by HEE)

PHMC Public Health Medicine Committee (BMA)

SASC Staff, Associate Specialists and Specialty Doctors Committee

SIT Situational Judgement Test SLC Student Loans Company tMSC The Medical Schools Council

UKFPO The UK Foundation Programme Office

#MEDstudentconf



Represent your school...

Your choice, your vote

We are seeking nominations for a BMA student representative and a deputy student representative from every medical school. It could be you.

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 2015

For more information and to submit your nomination go to **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**

The BMA Medical Students Committee is the voice of medical students in the UK

