Your conference
Your say
Saturday 19 May 2012
BMA House, London
Agenda
Part I – Procedural and formal matters

10.00 RETURN OF REPRESENTATIVES

1 Motion by THE CHAIRMAN That the return of representatives (JDC(C)2a, 2012 – document) be received, taken as read and entered in the minutes.

APOLOGIES

2 Motion by THE CHAIRMAN That apologies for absence from members of conference be received, taken as read and entered in the minutes.

JUNIOR DOCTORS CONFERENCE, MAY 2011: MINUTES

3 Motion by THE CHAIRMAN That the minutes of the Junior Doctors Conference (JDC(C)10, 2012 – guide) be confirmed.

STANDING ORDERS OF CONFERENCE

4 Motion by THE CHAIRMAN That the standing orders of conference (JDC(C)3, 2012 – guide) be adopted for the 2012 Junior Doctors Conference.

REVISED STANDING ORDERS OF CONFERENCE

5 Motion by THE CHAIRMAN That the revised standing orders of conference (JDC(C)3A, 2012 – document) be confirmed and adopted for the 2013 Junior Doctors Conference.

DISTURBANCES DURING CONFERENCE

6 Motion by THE CHAIRMAN That the conference directs all attendees who disturb the proceedings of the conference shall be invited to pay a voluntary fine to a charity nominated by the conference. Such a disturbance may, at the discretion of the chairman, include but not be limited to:

(i) mobile telephones or paging devices (even if switched to ‘silent’ mode)
(ii) audible alarms from other electronic equipment
(iii) excessive or inappropriate use or abuse of standing orders
(iv) late return from lunch

This policy shall stand for the duration of each conference only and be subject to annual re-adoption (policy first made in 2001).

REPORT OF THE CONFERENCE AGENDA COMMITTEE

7 Motion by THE CHAIRMAN That the report of the Conference Agenda Committee (items 7-15) be approved.
Receive: Membership of the Conference Agenda Committee for 2011-12:
Kitty Mohan
Tom Waite
Tom Dolphin
Ben Carrick
Andrew Collier
Eleanor Draeger
Latifa Patel

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

Grouping of motions and amendments

The Conference Agenda Committee has arranged in groups certain motions and amendments that cover substantially the same ground and has selected in each group one motion or amendment (marked with an asterisk) on which it proposes that discussions should take place (standing order 18(c)(ii)).

Motions and amendments prefixed ‘A’ are either non-controversial or already policy of the Junior Doctors Conference and will therefore be voted on without debate (standing order 18(c)(i)).

Priority motions for JDC action

Following the conference, a list of motions carried will be available via the BMA website with a form allowing members of conference to choose the five motions that they think should be given priority for action by the Junior Doctors Committee during the 2012-13 session.

Lapsing and retention of policy

Motion by THE CHAIRMAN That, in accordance with standing order 10, policy made or re-adopted at the 2007 conference be allowed to lapse or be retained as set out in (JDC(C)11, 2012 – guide).

Note: any members of the conference wishing to retain policy that it has been suggested should lapse should notify the Junior Doctors Committee secretariat via info.jdc@bma.org.uk by Friday 11 May 2012.

‘A’ motions

Motion by THE CHAIRMAN That all ‘A’ motions in the conference agenda be carried.
**Order of business**

14 The Conference Agenda Committee RECOMMENDS:

(i) That business be taken in the order and at the time indicated below:

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<td>09.30</td>
<td>Teach-in – via video screen (This session is repeated from the grassroots event and explains the process of debate. It is an opportunity to familiarise yourself with the terms and process that will be used throughout the day – there is no need to book)</td>
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<td>Questions to the Chairman, Vice-Chairman and Deputy Chairmen of JDC</td>
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<td>Summary of the Day</td>
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A motions are non-controversial or already Junior Doctors Conference Policy
*indicates the motion selected for debate in a group of motions
Motions shaded in grey are those unlikely to be reached in the agenda for reasons of time
(ii) That a ballot (form JDC(C)9, 2012 – nominations pack) be held by 12.30 to determine which motions from any part of the agenda shall be debated at 16.25 hrs.

(iii) That, in the event of any section being completed before the allotted time, other items be considered and taken in order.

**Elections**

15 Elect: Conference Chairman, Deputy Chairman, four Conference Agenda Committee Members and 22 Conference Representatives to the BMA Annual Representative Meeting (ARM).

NOTE: Nomination forms should be handed in at the following times:

11.05 Nomination of the Chairman of Conference (JDC(C)5, 2012 - nominations pack).

Nomination of the Deputy Chairman of the Conference (JDC(C)6, 2012 – nominations pack).

12.30 Balloted Motions Ballot Paper (JDC(C)9, 2012 – nominations pack).

13.30 Nomination of four members of the Conference Agenda Committee (JDC(C)7, 2012 – nominations pack).

Nomination of 22 Junior Doctors Conference representatives to the ARM (JDC(C)14, 2012 – nominations pack).

**10.10 REPORT OF THE JUNIOR DOCTORS COMMITTEE**

16 **Motion** by THE CHAIRMAN That the 2012 annual report of the Junior Doctors Committee be received.

17 **Receive** Oral report from the Chairman of the JDC, Dr Tom Dolphin, on the Committee’s activities during the 2011-12 session.
Part II – Motions and debate

10.15 HEALTH AND SOCIAL CARE ACT

* 1 Motion by WESSEX RJDC That this conference
   (i) believes that passing of the Health and Social Care Bill is detrimental to the care of patients;
   (ii) deplores the government for failing to listen to the healthcare professionals;
   (iii) deplores the government’s lack of transparency in not publishing the risk register to facilitate an informed debate; and
   (iv) calls for the resignation for the Secretary of State for failing the British public.
   (Additional information – motion 1 will be shared with ARM)

2 Motion by NORTH THAMES RJDC That this conference has no confidence in the Secretary of State for Health, Andrew Lansley, and calls for him to resign.

A 3 Motion by WELSH JDC This conference wishes to thank the BMA for its continued opposition to the Health and Social Care Bill, despite the government’s intention to implement it fully. It therefore calls on the devolved nations’ governments to oppose any such system in their country and to ensure that the NHS remains at the heart of healthcare.

4 Motion by OXFORD RJDC This conference believes that:
   (i) the House of Lords should be applauded for amending the Health and Social Care Bill to include parity of esteem for mental health;
   (ii) NICE should withdraw a separate quality standard for patients in mental health as it is unnecessary and increases stigma related to mental health, and should produce a single standard for physical and mental health;
   (iii) the Health and Social Care Bill and the potential fragmentation of services it may entail must not lead to the loss of care and funding for treatment of complex cases including vulnerable patients with severe and enduring mental illness; and
   (iv) acute trusts and mental health trusts need to work with commissioners and primary care providers to initiate, develop and improve liaison psychiatry services.
   (Additional information – motion 4 will be shared with ARM)

5 Motion by SOUTH WESTERN RJDC That this conference condemns the Health and Social Care Act and mandates the BMA to continue to strive to find mechanisms to protect an NHS which is both sustainable and free at point of delivery for all UK patients.

* 6 Motion by SOUTH WESTERN RJDC That this conference calls on the Government to publish the risk register associated with the Health and Social Care Bill to demonstrate to the public and medical profession that the Bill is not anticipated to have a detrimental effect on patient safety.
   (Additional information – motion 6 will be shared with ARM)
Motion by NORTH THAMES RJDC This conference:

(i) notes the decision of the Information Commissioner and subsequent tribunal that the NHS risk register should be released;

(ii) is infuriated with the decision by the Secretary of State for Health to block its release; and

(iii) calls on the BMA to lobby the Government to release the NHS risk register, so that the risks of the Health and Social Care Bill to the NHS are made clear.

10.20 NHS PENSIONS REFORM

8 Motion by CONFERENCE AGENDA COMMITTEE That this conference

(i) believes that in negotiating the 2008 NHS pension scheme, the BMA has ensured the scheme is fair and equitable to both tax payers and members;

(ii) believes that the government is attempting to deliberately mislead NHS workers and the public about the scheme;

(iii) commends the Association and the profession for having the courage to consider industrial action which maintains patient safety;

(iv) calls on the Association to do whatever is necessary to defend the scheme whilst maintaining patient safety; and

(v) calls on the government to abandon the proposed changes to the scheme.

9 Motion by WESSEX RJDC That this conference

(i) believes that by negotiating the 2008 pension scheme, the BMA has ensured that the scheme is fair and equitable to tax payers and healthcare workers;

(ii) believes that the government has been deliberately misleading the public on facts about the NHS pension scheme;

(iii) commends the association and the profession for having the courage to take industrial action; and

(iv) calls on the government to abandon the proposed changes to the NHS pension scheme and preserve the fair and equitable 2008 pension agreement.

10 Motion by NORTH THAMES RJDC This conference

(i) repudiates attempts by commentators and the Government to link BMA policy on pensions to the BMA's opposition to the Health and Social Care Bill;

(ii) rejects the Government's attempts to bully the workers of the NHS with disingenuous and misleading statements; and

(iii) calls on the BMA to press ahead with further industrial action, doing whatever is necessary, while protecting patients from harm, to defend the NHS pension scheme.

*indicates the motion selected for debate in a group of motions

Motions shaded in grey are those unlikely to be reached in the agenda for reasons of time

A motions are non-controversial or already Junior Doctors Conference Policy
11 Motion by WESSEX RJDC That this conference
(i) notes with concern the government’s proposal to raise the retirement age;
(ii) believes that raising the retirement age for all doctors is detrimental to patient safety; and
(iii) calls for the current retirement age to be maintained with an option for review on individual basis for those who want to work beyond it.

12 Motion by SOUTH WESTERN RJDC That this conference calls on the Government to review their current offer for reform to NHS Pensions as we are concerned that doctors will not be able to sustain performance at a safe level with an increasing pensionable age. There are currently no measures to take into account that a doctors work pattern might have to change in the later years of their career to account for this.

13 Motion by MERSEY RJDC That this conference recognises that investment into the NHS pension scheme is a major financial investment for its members and that in keeping with other commercially available financial products an annual statement of accrued rights and projected benefits should be distributed to all NHS staff that have opted to join the scheme.

14 Motion by NORTHERN IRELAND JDC That this conference:
Believes that the proposed changes to NHS pensions will have a detrimental effect on the NHS of the future and the service provided to patients driving doctors to leave the UK and the NHS, driving forward privatisation.

We ask the government to recognise the effects this will have on the make up of the medical workforce and delivery of healthcare in the future and ask them to publically state that this is not a backdoor method to drive forward their aim to increase competition in healthcare.

15 Motion by NORTHERN IRELAND JDC That this conference:
GETS ANGRY!
The proposed enforcement of the government’s changes to the NHS pension is unreasonable, has no fiscal basis and will affect Junior Doctors, the future of the NHS, the most not just now but when similar ‘revisions’ are likely implemented by future governments.

Despite years of dedicated service to our patients and the NHS will: Pay more. Work longer. Get less.

Junior Doctors need to be made fully aware of the impact of the proposed changes in real life terms.

Junior Doctors need to be educated and encouraged to be involved in opposing the pension changes by the BMA and supported in doing so by both the BMA and senior colleagues.

10.40 HEALTH POLICY

* 16 Motion by NORTH WESTERN RJDC That this conference notes with concern the Government’s proposals for locally determined public sector pay and believes that Terms and Conditions of Service should continue to be negotiated nationally and consistent across the four nations. We therefore

(i) Call on the JDC to reject any proposals for regional variations to the terms and conditions of service for doctors in training; and

(ii) Call on the Association to provide the appropriate support to Local Negotiating Committees, with increased resources if needed, to deal with the increasing challenges to local Terms and Conditions that they are likely to face.

(Additional information – motion 16 will be shared with ARM)
17 **Motion** by NORTH THAMES RJDC This conference:

(i) notes with concern the government’s move to locally determined pay in the public sector;
(ii) does not support any move to locally negotiated contracts or pay deals for junior doctors; and
(iii) believes that JDC should campaign to maintain a national contract in order to protect junior doctors terms and conditions of service.

18 **Motion** by NORTH THAMES RJDC This conference notes the government’s suggestion of ending the National Pay Scale and is deeply concerned about the effect on the National Terms and Conditions of Junior Doctors’ Contract. We therefore call upon the BMA to ensure that the National Terms and Conditions is maintained by:

(i) Opposing the government proposal of ending the National Pay Scale of the Public Sector, especially doctors;
(ii) Ensuring strong Junior Doctors’ presence in the Local Negotiation Committees; and
(iii) Prepare for how to resist this threat locally and nationally.

19 **Motion** by MERSEY RJDC That this conference opposes any moves to introduce regional determination of pay for medical staff. The BMA must demand that national terms and conditions of service be maintained.

20 **Motion** by YORKSHIRE RJDC That this conference notes the government’s suggestion of ending the National Pay Scale and is deeply concerned about the effect on the National Terms and Conditions of Junior Doctors’ Contract. We therefore call upon the BMA to ensure that the National Terms and Conditions is maintained by:

(i) opposing the government proposal of ending the National Pay Scale of the Public Sector, especially doctors;
(ii) ensuring strong Junior Doctors’ presence in the Local Negotiation Committees; and
(iii) preparing for how to resist this threat locally and nationally.

21 **Motion** by SOUTH THAMES RJDC That this conference opposes any move towards local or regional variation of pay for all grades of doctor, with the exception of the already established London weighting system.

22 **Motion** by NORTHERN IRELAND JDC This conference believes that the limited nature of a legislative body and lack of opposition within the Northern Ireland assembly has a detrimental effect on health service in Northern Ireland due to divisions along party lines inhibiting debate and decision on actions required to deliver the highest quality of health care.

23 **Motion** by NORTH THAMES RJDC This Conference notes that it will soon be easier than ever for professionals to move around and work within Europe, and to level the playing field for UK medical graduates, calls upon the Government to provide free language skills training for UK medical graduates who wish to relocate within Europe. As an alternative, the Government is urged to ensure sufficient numbers of consultant and GP posts for the UK training programme output.

24 **Motion** by CROYDON LMC That this conference believes the proposal to change the UK Border Agency Tiers 1 Post study work route is unjust.

25 **Motion** by NORTH THAMES RJDC This conference

i) notes the content of the January 2012 report of the Human Genomics Strategy Group and is appalled at the proposal that:

“DH in partnership with BIS and other relevant partners should develop proposals to establish a central repository for storing genomic and genetic data, and relevant phenotypic data from patients, with the capacity to provide biomedical informatics services and an open-data platform that small and medium-sized enterprises can build upon. ”
and believes that this amounts to commodification of the genomes of NHS patients; and
ii) calls on the Government to reject this proposal.

26 Motion by WELSH JDC This conference wishes to note its disgust at the recent report showing that over
3000 nurses have lost their jobs over the past year in the NHS and calls on the government to take immediate
action to halt any further reduction in nursing numbers or admit it is willing to jeopardise patient care in order
to balance budgets.

(Additional information – motion 26 will be shared with ARM)

27 Motion by NORTHERN IRELAND JDC This conference believes that any changes to HSCNI brought about by
the review of services in Northern Ireland undertaken by Department of Health through the Compton review
recognises the need for on-going high quality postgraduate medical education and the requirement to
maintain the currently effective role of the Northern Ireland Medical and Dental Training Agency in providing
this independently from service providers.

10.50 ROTA DESIGN

* 28 Motion by SCOTTISH JDC That this conference is very concerned that there are FHO2s providing the most
senior cover within hospitals out of hours and calls on all deaneries and employers to take action to change
this situation.

29 Motion by WELSH JDC This conference notes with concern the number of Emergency medicine rotas, which
contain Foundation Doctors working unsupervised at night. This is in breach of GMC guidance stating more
senior trainees, on site, must supervise them. It therefore calls on:
(i) JDC to urgently investigate the extent of rotas containing Foundation doctors working without more senior
cover;
(ii) JDC to lobby the GMC to take action against any hospital implementing such a rota;
(iii) The Royal College of Emergency medicine to review the number of vacancies in Emergency medicine and
reconfigure training numbers accordingly; and
(iv) The Welsh Government, Wales deanery and BMA Wales to work together to reconfigure services, even if
this means closing some hospital departments.

* 30 Motion by OXFORD RJDC This conference notes that involvement of junior doctors in designing and
implementing their own rotas is a positive move that many Trusts are now beginning to adopt. Whilst the JDC
already provides an information leaflet supporting rota design, it is not in itself sufficient to train doctors for
this task. This conference therefore calls:
(i) For the BMA to provide updated guidance for junior doctors on designing EWTD and New Deal-compliant
rotas, including training materials in other media, and with reference to commonly-used free or commercial
design tools; and
(ii) For Trusts to ensure that junior doctors involved in rota design are adequately trained and supported for
this part of their work.

31 Motion by NORTHERN IRELAND JDC That this conference:

Encourages best practice among employers to:

Work actively with Junior Doctors in developing rotas and resolving issues in relation to gaps and difficulties in
delivery of service and training.

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*indicates the motion selected for debate in a group of motions
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Recognise Junior Doctors as professionals who can contribute to solving issues in a two way process, which affects them to the benefit of employer, employee and patients.

Replicate best practice as seen in Northern Ireland through the HSC Board Liaison Group, a Regional Action Team equivalent which allows difficulties faced by Juniors to be raised independently with employers and we would ask that similar groups are set up and reinstitutes within each primary care or health trust.

**Motion** by NORTHERN IRELAND JDC That this conference encourages best practice among employers who work actively with Junior Doctors in developing rotas and resolving issues in relation to gaps and difficulties in delivery of service and training. This should be a two way process recognising Junior Doctors as professionals who can contribute to solving issues which affect them to the benefit of employer, employee and patients.

**Motion** by WEST MIDLANDS RJDC That this conference:
(i) Is dismayed to learn that some trusts in England have a rota with “fixed” study leave;
(ii) Believes study leave needs to be taken at specific times and for specific courses; and
(iii) Calls on the BMA to work with Deaneries (or their equivalent) to remove training posts from trusts who try to do this.

**Motion** by SOUTH WESTERN RJDC That this conference calls on the BMA to explore whether there is an alternative to the current shift patterns worked by junior doctors which is more suitable for providing adequate training, whilst working within the current legislation.

**Motion** by EASTERN RJDC That this conference calls for a complete abandonment of the practice of shift substitution, and double-counting, currently employed in consideration of New Deal compliance by rota-monitoring by computer software packages when looking at the achievement of Natural Breaks targets.

**Motion** by SOUTH THAMES RJDC That this conference believes it is unacceptable for a doctor to be requested to go home from a day shift to then return later to work in order to cover an ad hoc night shift.

**Motion** by WESSEX RJDC That this conference
(i) notes that there are still many rotas designed with service provision as priority with little account of educational needs of the trainee;
(ii) believes that all rotas should be compliant to address the trainee’s curriculum requirements; and
(iii) believes that all rotas should contain specific protected time allocated for educationally beneficial activities such as out patients clinics as recommended by the trainee’s curriculum, and mandates the BMA to lobby all post graduate deans to carry out spot checks on rotas to ensure this is done.

**11.05 DEADLINE FOR THE NOMINATION OF CHAIRMAN AND DEPUTY CHAIRMAN OF CONFERENCE FOR THE 2012-13 SESSION**

**11.05 BREAKOUT SESSIONS**

**11.50 EMPLOYMENT**

*Motion* by SOUTH THAMES RJDC That this conference notes the widespread use of mandatory electronic portfolios and calls upon Trusts to provide:
(i) sufficient numbers of computers with internet access; and
(ii) wifi for personal devices where such computers are not available, for example in operating theatres so as to facilitate completion of work based assessments in real time.

(Additional information – motion 38 will be shared with ARM)
39 Motion by WELSH JDC That this conference notes that Wales continues to rank bottom of the GMC Trainee Survey in relation to internet and IT access for trainees. It therefore calls on:
   (i) BMA to lobby the Welsh Government to address this issue with a degree of urgency;
   (ii) the Royal colleges and GMC to assist in investment in IT facilities, as IT access is a crucial component of successfully completing portfolios and assessments; and
   (iii) BMA to lobby individual hospitals to allow doctors to use personal computers on site to increase the ease of internet access and number of computers available for use at any one time.

40 Motion by MERSEY RJDC That this conference acknowledges that cuts to levels of clerical support coupled with the proliferation of electronic patient records places an increased administrative burden on junior medical staff, diverting attention away from direct patient care and training activities. This conference calls upon health departments to ensure that:
   (i) Junior medical staff receive adequate clerical and administrative support to allow the delivery of high quality patient care and training
   (ii) Where electronic records are maintained junior staff are not overly inconvenienced by inefficient IT systems.

A 41 Motion by SOUTH THAMES RJDC That this conference recognises and supports the need for on call rooms for those doctors working at night regardless of the rota system they are working in. We call upon the Trusts to re-instate or provide on call rooms in order to allow doctors working at night to rest.

A 42 Motion by SCOTTISH JDC That this conference believes that, in order to improve doctors’ working lives, every hospital must ensure doctors working at night have access to a mess, appropriate rest and hot food facilities.

A 43 Motion by SOUTH THAMES RJDC That this conference believes where uniform is required to be worn, a suitable range of sizes in sufficient numbers must be made available.

44 Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES That this conference notes that on-call clinical service provision within the NHS is recognised and rewarded whereas corresponding performance, in terms of training/educational attainment as well as unsocial hours worked, within the government-funded HEI sector is entirely ignored. This has a demoralising effect on clinical-academic trainees while also acting as a significant disincentive to enter this career path. We call on the BMA to work with all relevant stakeholders in exploring ways to address this injustice.

45 Motion by SOUTH THAMES RJDC That this conference notes the lack of car parking facilities at many hospitals, for both staff and visitors and:
   (i) welcomes the use of park and ride services; and
   (ii) asks trusts to ensure that where park and ride services are not open for staff finishing shifts later at night that appropriate on site parking is made available to them.

46 Motion by SOUTH THAMES RJDC That this conference notes the likelihood of resident on call duties at consultant level and calls on the Trusts to provide on call rooms for this purpose.

12.00 TERMS AND CONDITIONS OF SERVICE

47 Motion by JUNIOR MEMBERS FORUM That this meeting acknowledges that doctors are not always safe to drive home after night shifts. Therefore the BMA is strongly urged to campaign for free access to hospital accommodation/transport for doctors, upon completing a night shift.
48 Motion by SOUTH WESTERN RJDC That this conference believes that no junior should be out-of-pocket due to travel expenses necessitated by short-term, pre-allocated rotations within a training scheme and that the JDC must renew the fight for fair reimbursement for such expenses.

49 Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES That this conference notes with concern a pilot scheme currently operating within the West Midlands, and possibly also in other parts of the country, where junior doctors are asked to complete cremation forms without remuneration; proceeds from this activity going to the employing NHS Trust instead. This is a clear breach of national Terms & Conditions of Service. We, therefore, demand that the BMA:

(i) makes strong representations to the Trusts involved in this pilot scheme; NHS Employers; the relevant Deaneries; as well as to the Departments of Health for this practice to cease immediately;

(ii) uses all means at its disposal, from Freedom of Information requests to legal proceedings, to ensure that all affected doctors are fully compensated for their work retrospectively; and

(iii) issues clear guidance advising members to refuse to complete third-party documentation, i.e. not originating from patient or employing Trust, during their normal hours of employment if this work does not carry appropriate compensation.

A 50 Motion by WEST MIDLANDS RJDC That this conference:

(i) Congratulates the West Midlands Deanery on moving to a regional, transferable, online induction scheme;

(ii) Believes this should replace a large part of face-to-face induction;

(iii) Is dismayed that most trusts in the West Midlands are ignoring the content of the online induction and have carried on with up to two days of induction for most trainees;

(iv) Believes it is unacceptable for trainees to be threatened with sanctions for not completing the online modules in their own time; and

(v) Calls on the JDC to negotiate with NHS Employers to ensure that doctors are either paid for online induction or given time off in lieu for it.

51 Motion by EASTERN RJDC This conference seeks to prevent the erosion of the Junior Doctor Terms & Conditions of Service, in particular, the principle of “approximately four hours” used in guidance for Natural Breaks as a rest requirement of a full shift rota, and calls for “approximately four hours” not to be equivalent to “before five hours”.

52 Motion by SOUTH WESTERN RJDC That this conference calls on the BMA to lobby employers for a review and update in the excess travel policy to take into account the changing social circumstances of junior doctors, specifically the large numbers of juniors now living in long-term rented properties rather than owning their own home.

53 Motion by SOUTH THAMES RJDC That this conference congratulates the BMA for securing a paid shadowing period for new foundation doctors, and calls on NHS Employers to now honour that agreement and to pay these doctors the appropriate FHO1 wage for the time spent shadowing.

54 Motion by WELSH JDC This conference wishes to note the current inconsistency in salary payments given to trainees and staff or career grade doctors on the same rota. It therefore calls on the JDC to produce guidance on equitable salary and on call payments for trainees and non trainees and the enhanced payments and session scheme.
12.15  ELECTION OF THE CHAIRMAN AND DEPUTY CHAIRMAN OF CONFERENCE FOR THE 2012-13 SESSION

12.25  BLT

55  Motion by NORTHERN IRELAND JDC This conference notes that it is not the length of your training that matters but what you do with it that counts…

56  Motion by EASTERN RJDC This conference notes that eye-rolling and deep-sighing can be involuntary facial movements, however, these facial expressions can be used deliberately to undermine the enthusiasm of those trying to make a valid point in a discussion, therefore calls on the JDC to:

(i) outlaw these deliberate practices in all of its meetings;

(ii) impose fines on those who break a restriction on the above (i); and

(iii) create a “naughty chair” for its committee meetings and make those who break such restrictions laid out in (i) to sit on the “naughty chair” until they are deemed to have repented for their actions.

57  Motion by SOUTH THAMES RJDC That this conference believes all morning and evening handovers by medical and nursing staff should be conducted through the medium of interpretative dance.

12.30  DEADLINE FOR SUBMISSION OF BALLOTED MOTIONS

12.30  LUNCH

13.30  DEADLINE FOR THE NOMINATION OF FOUR MEMBERS OF THE CONFERENCE AGENDA COMMITTEE FOR 2012-13 AND FOR SUBMISSIONS FOR 22 CONFERENCE REPRESENTATIVES TO ARM

13.30  QUESTIONS TO THE CHAIRMAN, VICE CHAIRMAN AND DEPUTY CHAIRMEN OF JDC

58  Motion by THE CHAIRMAN That the Chairman, Vice Chairman and Deputy Chairmen of the JDC will answer questions regarding their work during 2011-12 session.

Note: would any member of the conference wishing to ask questions submit these to info.jdc@bma.org.uk by Friday 11th May 2012. Questions will also be taken from the floor, time permitting.

13.40  EDUCATION & TRAINING REFORMS

59  Motion by EASTERN RJDC That this conference believes the high quality educational supervision required for safe, effective and rewarding training within EWTR costs money and time for which supervisors should be adequately compensated. JDC should work with deaneries, employers on a regional basis and the Consultants Committee to:

(i) ensure that consultants have a minimum of 0.25 PA/supervisee in their job plan; and

(ii) press deaneries for the withdrawal of training posts in employers who do not support these minimum standards.
60 Motion by NORTH THAMES RJDC This conference

(i) welcomes the focus on quality in “Developing the Healthcare Workforce: From Design to Delivery”;
(ii) calls for the Director of Quality and Education in each Local Education and Training Board to be a doctor and to be the Postgraduate Dean;
(iii) calls on the DH to ensure that funding for existing training programmes is not diverted to CPD and training for staff in Agenda for Change bands 1 to 4;
(iv) calls on the DH to ensure that at least one doctor, ideally more, is appointed to the Health Education England board;
(v) calls on the Government to ensure that medical workforce plans for England are aligned with those of Scotland, Wales and Northern Ireland; and
(vi) calls for the LETBs to remain under the aegis of Health Education England indefinitely.

61 Motion by SOUTH WESTERN RJDC That this conference opposes the introduction of further breakpoints into the current career pathways as this is likely to have a detrimental effect on the continued training of doctors to Consultant level.

(Additional information – motion 61 will be shared with ARM)

62 Motion by NORTH THAMES RJDC This conference supports the principle of an extension to GP training where it leads to an improved quality of GP training and CCT holders. However, it does not support the principle at any cost, and calls on the BMA to lobby to:

(i) ensure that any extension to training can be implemented successfully;
(ii) ensure that any additional hospital posts are of high quality, are tailored to the educational needs of GP trainees and are not simply used to fill rota gaps;
(iii) maintain the supernumerary status of GP trainees in GP placements; and
(iv) maintain the funding for GP trainers who provide training in GP placements.

63 Motion by SOUTH THAMES RJDC That this conference notes that

(i) increasing numbers of GP trainees are coming from a background of previous training in another speciality (paediatrics, accident and emergency, core medical training);
(ii) GP training consists of a number of hospital rotations, which may include specialities a trainee already has considerable experience in and calls for; and
(iii) Greater flexibility in allowing trainees to choose their rotations, such that training needs are appropriately addressed.

(Additional information – motion 63 will be shared with the Local Medical Committee Conference)

64 Motion by EASTERN RJDC That this conference notes SASG doctors continue to have an important role in post graduate medical education and through the support they provide to doctors in training. We ask that JDC work with the GMC to ensure that the process of professionalising medical educators places this group at no disadvantage.

(Additional information – motion 64 was shared with the Staff, Associate Specialist and Specialty Doctors Conference)
**A 65** Motion by SOUTH THAMES RJDC That this conference notes the employment of physician assistants in certain Trusts and expresses concern that, under some circumstances, this may reduce training opportunities for junior doctors. We ask that deaneries are therefore made aware of this issue and that processes are implemented to ensure that trainees are not deprived of training opportunities through the use of these members of staff.

**A 66** Motion by SOUTH THAMES RJDC That this conference appreciates the importance of management and leadership skills at both junior and consultant levels, and calls upon the incorporation of such training within specialty training programs with immediate effect.

**67** Motion by SOUTH THAMES RJDC That this conference, whilst recognising the advantages of unified web-based job application portals, believes the web-forms used are often poorly designed, difficult to navigate and do not always meet required standards of accessibility. Conference calls for those commissioning and providing recruitment websites to include those likely to be completing them in the design and testing; and to ensure all such websites meet British Standards Institute standard ‘BS 8878:2010 Web accessibility code of practice’

**68** Motion by SOUTH THAMES RJDC That this conference notes the proposed abolition of deaneries and future replacement with LETBs and asks that the term “deanery” or “deaneries” should also mean “LETB” or “LETBs” with reference to all current policy.

**69** Motion by SOUTH THAMES RJDC That this conference notes that in many deaneries:
(i) submission of an electronic application to higher speciality training is usually followed by an automated e-mail to state the ‘application is being considered at shortlisting’;
(ii) receipt of such an e-mail does not actually mean an application has been considered at shortlisting, only that a computer has received it and calls for;
(iii) confirmation that an application is being considered at shortlisting only to be provided when assessed by a longlisting panel; and
(iv) longlisting to be undertaken within two working days of receipt of an application.

**70** Motion by SOUTH THAMES RJDC That this conference notes the poor implementation and variation within GP VTS release programs in certain regions (both intra and inter deanery) across the country and asks that those concerned ensure a fair and robust teaching program across the border to give each trainee a similar training experience and an equal chance to pass the same exam. And that it is the responsibility ultimately of the “deanery”/“deaneries” to ensure that post code lottery does not take place.

**14.10** PUBLIC HEALTH TRAINING

* 71 Motion by SOUTH WESTERN RJDC That this conference believes that the opportunity to train in a clinical speciality at the same time as public health is becoming an increasingly attractive option to many medically qualified public health registrars and mandates the BMA to explore facilitating this option with the Faculty of Public Health and other relevant postgraduate bodies.

72 Motion by SOUTH THAMES RJDC That this conference believes that the opportunity to train in a clinical speciality at the same time as public health may be an attractive option to some medically qualified public health registrars and mandates the BMA to explore facilitating this option with the Faculty of Public Health and other relevant postgraduate bodies.
73 **Motion** by SOUTH THAMES RJDC That this conference is deeply concerned about the potential loss of expertise and training opportunities in health services public health and requests the BMA to explore the potential for ‘health services public health’ to become a medical sub-speciality in order to protect trainees and consultants.

(Additional information – motion 73 will be shared with ARM)

74 **Motion** by SOUTH THAMES RJDC That this conference calls on the responsible Health departments in London, Edinburgh, Belfast and Cardiff to work together in conjunction with the Faculty of Public Health to ensure effective workforce planning is put in place to ensure we have sufficient substantive posts available in future for all who successfully complete their training.

75 **Motion** by SOUTH THAMES RJDC That this conference notes

(i) that across the UK there are significant numbers of public health registrars who will soon complete their training;

(ii) that there are not sufficient substantive posts available for all those due to complete their training; and

(iii) that the Centre for Workforce Intelligence has failed to produce meaningful workforce planning for Public Health.

### 14.15 EXAMINATIONS AND CURRICULUM

* 76 **Motion** by CONFERENCE AGENDA COMMITTEE That this conference:

(i) calls on the Royal Colleges to review their exam timetables to ensure junior doctors are provided with realistic timeframes and opportunities to sit and to resit exams in time to meet curriculum requirements; and

(ii) calls upon the Royal Colleges to publish the overall percentage pass rates for postgraduates.

77 **Motion** by SCOTTISH JDC That this conference calls on the Royal Colleges to review their exam timetables, in order to ensure junior doctors undertaking core training programmes are provided with realistic timeframes and opportunities to sit exams, receive results and to resit, if required, in time to meet the curriculum requirements to move into higher training.

78 **Motion** by NORTH THAMES RJDC That this conference notes the difficulty in obtaining percentage pass rates for postgraduate specialty exams for each deanery and calls upon the Royal Colleges to publish the overall percentage pass rates by deanery.

79 **Motion** by SOUTH THAMES RJDC That this conference notes the extortionate cost of post graduate examinations and calls upon colleges to:

(i) Produce accurate and detailed data on costings and profit margins per candidate taking the exam; and

(ii) Reduce the exam fees to cost-price where the charge for the exam is higher than the costs incurred by the college.
**Motion** by CONFERENCE AGENDA COMMITTEE This conference notes the importance of study budgets in allowing trainees to undertake study and professional development. It deprecates the radical reduction and condemns those deaneries removing the budget totally for trainees, and:

(i) calls on deaneries to publish openly how much of the budget is spent on trainees and hold annual data from employers;

(ii) calls for an introduction of a standardised national study budget amount to ensure all trainees must have equal access to funding;

(iii) calls on the Royal Colleges to introduce additional free or cheaper educational opportunities, removing the burden of finance to study; and

(iv) calls on the JDC Negotiating Subcommittee to discuss this with NHS Employers.

**Motion** by WELSH JDC This conference notes the importance of study budgets in allowing trainees to undertake study and professional development. However

(i) it deprecates the radical reduction and condemns those deaneries removing the budget totally for trainees;

(ii) calls on deaneries to publish openly how much of the budget is spent on trainees and hold annual data from employers;

(iii) calls for an introduction of a national study budget amount to remove postcode lotteries from training opportunities;

(iv) calls on the Royal College to introduce more free or greatly reduced educational opportunities, removing the burden of finance to study; and

(v) calls on the JDC to lobby for ALS and associated qualifications to be made free for trainees and paid for by the Royal Colleges is this is a mandatory part of their training portfolio.

**Motion** by WEST MIDLANDS RJDC That this conference:

(i) Reaffirms its belief that all junior doctors (including foundation trainees) should be entitled to paid study leave;

(ii) Believes that time and budgets for study leave should be standardised across trusts (or equivalent);

(iii) Believes that all trainees must have access to funding;

(iv) Believes that trusts (or equivalent) should be set a minimum target for study leave;

(v) Believes that they should be penalised for failing to meet these targets; and

(vi) Calls on the Negs Subcommittee to discuss this with NHS Employers.

**Motion** by MERSEY RJDC This conference is concerned by the announcement made by the Council of the Royal College of Psychiatrists that fees charged for the 2011 MRCPsych examinations generated a financial surplus of approximately £600,000.

This conference calls on the Junior Doctors Committee to work with the Royal College of Psychiatrists' Psychiatric Trainees Committee to ensure:

(i) that the recent revenue surplus be spent in a way that directly benefits trainees;

(ii) increased transparency in the use of monies raised by the Royal College from its examination fees; and

(iii) that Royal College of Psychiatry membership examination fees are reduced to ensure that membership examinations do not generate significant surpluses in the future.
Motion by WEST MIDLANDS RJDC That this conference:

(i) Understands the variable importance of training courses;
(ii) Believes it is unnecessary for FY1 doctors to do ALERT and ALS in the same year;
(iii) Believes that ALERT is a course more suited to medical students;
(iv) Believes that in the current financial climate, cancelling these requirements would be a simple way to save money which could be reinvested in other, more appropriate training opportunities; and
(v) Calls on the Education and Training subcommittee to work with Deaneries (or equivalent) to implement this.

Motion by SOUTH THAMES RJDC That this conference notes the growing evidence of the dangers of antimicrobial resistance and calls for antimicrobial stewardship to be included as a compulsory part of medical training.

Motion by SOUTH THAMES RJDC That this conference believes that the number of medical students graduating and able to apply to foundation posts should be closely aligned with the number of foundation posts available which should be closely aligned with specialty recruitment post numbers which should themselves be closely aligned with the number of senior career grade doctors and qualified general practitioners required by the service.

(Additional information – motion 86 will be shared with ARM)

Motion by NORTH THAMES RJDC This conference notes the growing projected mismatch between numbers of medical graduates and the projected workforce need, and calls for the BMA to campaign for a reduction in the number of medical school graduates (taking into account numbers of overseas students) to realign the projections with workforce plans.

Motion by SOUTH WESTERN RJDC That this conference calls on the BMA, in light of the anticipated oversupply of doctors in the United Kingdom, to adopt a policy suggesting:

(i) a decrease in medical students being admitted to United Kingdom medical schools; and
(ii) a restriction on the development of further medical schools in the United Kingdom unless it becomes clear that there is a need to increase medical student intakes to maintain the workforce.

(Additional information – motion 88 will be shared with ARM)

Motion by WESSEX RJDC That this conference

(i) notes with concern the recent Centre for workforce intelligence report which highlighted the over production of doctors in the UK;
(ii) deplores the poor workforce planning behind the recent expansion of medical student numbers; and
(iii) calls for an immediate reduction in the medical student intake to avoid medical unemployment and the waste of resources this represents

Motion by SOUTH THAMES RJDC That this conference calls for an immediate and sustained reduction in medical student numbers, given the CfWI data which clearly indicates a trend for a surplus of doctors at all levels of training, and concomitant projected unemployment for thousands of doctors.
Motion by MERSEY RJDC That this conference calls for the BMA to campaign for a reduction of medical student numbers in the UK inline projected service demand.

Motion by CONFERENCE AGENDA COMMITTEE This conference notes with concern the predicted oversupply of CCT holders expected over the coming decade, but recognises that this provides opportunities in addition to challenges. Therefore this conference calls on the BMA to:

(i) support the conclusion of the Academy of Medical Royal Colleges' report 'The Benefits of Consultant-Delivered Care' that there is evidence across a wide range of medical fields that consultants deliver better patient outcomes and improved efficiency of care;

(ii) create a suitable definition of ‘consultant present service’;

(iii) lobby the department of health and devolved administrations to fully consider this evidence and recognise that a move to a consultant present service would significantly improve the quality of care; and

(iv) maintain parity of terms and conditions of service for those newly qualified CCT holders relative to their more experienced colleagues.

Motion by NORTH THAMES RJDC This conference notes with concern the predicted oversupply of CCT holders expected over the coming decade, but recognises that this provides opportunities in addition to challenges. Therefore this conference calls on the BMA to:

(i) create a suitable definition of ‘consultant present service’;

(ii) advocate a ‘consultant present’ service throughout the week in the interests of patient care; and

(iii) maintain parity of terms and conditions of service for those newly qualified CCT holders relative to their more experienced colleagues.

(Additional information – motion 93 will be shared with ARM)

Motion by SCOTTISH JDC That this conference

(i) is concerned that workforce projections anticipate an oversupply in some specialties of doctors qualified to CCT when compared with available consultant posts;

(ii) supports the conclusion of the Academy of Royal Colleges' report 'The Benefits of Consultant-Delivered Care' that there is evidence across a wide range of medical fields that consultants deliver better patient outcomes and improved efficiency of care; and

(iii) calls on the department of health and devolved nation governments to fully consider this evidence and recognise that a move to a consultant delivered service would significantly improve the quality of care.

(Additional information – motion 94 will be shared with ARM)

Motion by SOUTH THAMES RJDC That this conference notes the recent centre for workforce intelligence data, indicating the projected excess of consultants and calls for data on likely surplus numbers of consultants in each speciality to be released alongside application ratios, so that those applying for higher specialist training can be better informed as to their future career prospects.
Motion by EASTERN RJDC That this conference notes the CfWI’s predictions for an unsustainable over-supply of CCT holders under current workforce plans. In the light of this, we ask that the BMA:

(i) should continue to strenuously resist any erosion of the consultant grade;
(ii) should continue to defend the status of the CCT/CESR as a marker of a fully trained, independent doctor;
(iii) should undertake its own robust workforce modelling to verify, or dispute, the CfWI case; and
(iv) should have a coherent policy for workforce planning from medical school to CCT.

(Additional information – motion 96 will be shared with ARM)

Motion by SOUTH THAMES RJDC That this conference demands that there should be clear penalties for medical schools that over-recruit doctors, given the implication this has for workforce planning, and demand for foundation training places.

Motion by SOUTH WESTERN RJDC That this conference calls on the BMA to undertake detailed modelling of the future healthcare workforce, with the explicit aim of providing numbers which can inform debate on the future number of medical students.

Motion by SOUTH WESTERN RJDC That this conference notes that the devolution of the Peninsula Medical School is likely to be unsustainable, as it depends on an increase in medical student numbers for the survival of at least one of the proposed new schools. The lack of consultation with stakeholders, staff and students, combined with hasty implementation will have a detrimental impact on the schools that will be established and, as a consequence on the education of current and future medical students in the far South West.

(Additional information – motion 99 will be shared with ARM and the Conference of Medical Academic Representatives)

Motion by SOUTH WESTERN RJDC That this conference calls on the BMA to lobby for maintenance of medical student numbers in the UK with the aim of providing enough doctors to work in the UK in the future.

Motion by SOUTH THAMES RJDC That this conference notes that a number of specialities run ‘taster’ days to advertise the wonders of a career in their particular field. Whilst we applaud the motivation and intention behind these, we insist that clear data should be given on the likelihood of actually obtaining a consultant post in such a specialty.

15.05 FOUNDATION PROGRAMME

Motion by LEICESTERSHIRE & RUTLAND DIVISION That this meeting recognises that medical graduates must be competent and safe when prescribing but is concerned that, when the Prescribing Skills Assessment for medical graduates is implemented in 2014, some students, if they fail the Assessment, might jeopardise their progress and calls on the Medical Students Committee to collaborate with medical schools to establish remedial classes. This motion may not be transferred to a branch of practice.

Motion by CONFERENCE AGENDA COMMITTEE That this Meeting thinks it is only right that every medical graduate from a UK medical school excluding overseas campuses should have the opportunity to obtain full GMC registration. It therefore calls for a coupling of the first year of the Foundation Programme with the undergraduate medical curriculum.
| Motion | by EASTERN RJDC | That this conference understands the motivation for implementing the new SLE-style assessments in the Foundation Programme but is concerned that the aspiration to have these completed at the point of assessment will place unfair pressure on the most junior trainees in busy placements. We call for:  

i) The number required to complete the year should be relaxed while the new assessments are being trialled;  
ii) A certain minimum number assessments by consultants do not become mandatory in the Foundation years; and  
iii) An acknowledgement that the whole approach to work-based assessments is flawed in acute specialty placements and encourage the JDC to use their considerable influence with the UKFPO to improve matters. |
|---|---|---|
| Motion | by WEST MIDLANDS RJDC | That this conference:  
(i) Notes that junior doctors have to choose their specialty before Christmas in their FY2 year;  
(ii) Believes that this contributes to the 25% of doctors who leave the UK following the Foundation Programme;  
(iii) Calls on the BMA to work with the Centre for Workforce Intelligence to measure the level of the problem; and  
(iv) Calls on the Education and Training subcommittee to investigate potential changes to the system of training after the Foundation Programme to mitigate the problem. |
| Motion | by WELSH JDC | This conference believes that the current system of allocating Foundation 2 posts is unfair and does not allow the best candidate to get the best posts. It therefore calls on JDC to lobby the Foundation Programme Board to introduce an interview scheme similar to specialist applications for Foundation 2 posts. |
| Motion | by SOUTH THAMES RJDC | That this conference demands that overseas branches of British universities should be subjected to the same rigorous quality control and scrutiny as those in the UK, to ensure that applicants to the Foundation Programme are appropriately trained. |
| Motion | by WEST MIDLANDS RJDC | That this conference:  
(i) Reaffirms its belief that careers advice for Foundation Doctors is essential;  
(ii) Notes that some Deaneries are providing this via the Windmills Course;  
(iii) Believes that the Windmills course is not fit for purpose and is of no benefit to trainees;  
(iv) Calls on Deaneries (or equivalent) to stop providing the Windmills Course; and  
(v) Calls for the money saved to be reinvested in providing appropriate, targeted careers support to Foundation Doctors. |
| Motion | by SOUTH THAMES RJDC | That this conference believes that foundation posts should not be utilized to solve specialty specific recruitment crises |
Motion by MEDICAL STUDENTS COMMITTEE This conference:

(i) Notes a previous policy from 2009 regarding concerns of final year medical students receiving appropriate training in prescribing;

(ii) Agrees that this is an area where students require competence on entering the UK Foundation Programme;

(iii) Agrees that there is a role for ensuring all medical schools include prescribing skills on their curriculum;

(iv) Believes that an effective way to ensure competence in this area is with some form of National Prescribing Exam;

(v) Understands that this may have ramifications for non UK graduates who will not have this qualification; and

(vi) Mandates the BMA MDC to work with the Medical Schools Council to support a system of national assessment in prescribing that does/will not disadvantage non-UK entrant to the UK Foundation Programme.

15.15 PUBLIC HEALTH

Motion by MERSEY RJDC That this conference calls on the BMA to lobby the Government to introduce a “fat tax”, levying a surcharge on foodstuffs containing more than 2.3 per cent saturated fat in an effort to tackle Britain’s growing levels of obesity.

(Additional information – motion 111 will be shared with ARM)

Motion by NORTH THAMES RJDC This conference notes that the latest figures show that almost 1 in 5 year-six pupils in England is now obese, but that the government disbanded the national advisory group on obesity at the end of 2011. It calls upon the government to rethink the current policy of ‘responsibility deals’ with food and drinks firms and work more closely with independent agencies and scientists to help to solve the obesity crisis.

* Motion by CONFERENCE AGENDA COMMITTEE This conference notes the worrying rise in alcohol related admissions and deaths over the past decade and the drain on NHS resources. It therefore calls on the BMA to

(i) continue lobbying the government and devolved administrations to introduce minimum alcohol prices per unit of at least 50p per unit;

(ii) lobby for an outright ban on drinks offers and happy hours in pubs;

(iii) lobby for controlled sales hours in supermarkets and a total ban on alcohol sales between the hours of midnight and 10am; and

(iv) lobby the government to ensure that any money raised from the introduction a minimum price per unit of alcohol be used to fund health promotion measures.

Motion by WELSH JDC This conference notes the worrying rise in alcohol related admissions and deaths over the past decade and the drain on NHS resources. It therefore calls on the BMA to

(i) continue lobbying the government and devolved administrations to introduce minimum alcohol prices per unit of at least 50p per unit;

(ii) lobby for an outright ban on drinks offers and happy hours in pubs; and

(iii) lobby for controlled sales hours in supermarkets and a total ban on alcohol sales between the hours of midnight and 10am.

Motion by MERSEY RJDC That this conference calls on the government to ensure that any money raised from the introduction a minimum price per unit of alcohol be used to fund health promotion measures.

A motions are non-controversial or already Junior Doctors Conference Policy
*indicates the motion selected for debate in a group of motions
Motions shaded in grey are those unlikely to be reached in the agenda for reasons of time
116 Motion by SOUTH THAMES RJDC That this conference notes the increasing popularity of “electronic cigarettes” or “ecigarettes” and the statements by the US Food and Drug Agency and WHO that the UK currently has no regulation on e-cigarettes. This Conference therefore calls on the UK administrations: (i) to regulate electronic cigarettes; and (ii) to extend smoke-free public places legislation to include second-hand vapours from electronic cigarettes. (Additional information – motion J1235 will be shared with ARM)

117 Motion by NORTH THAMES RJDC This Conference believes that the use if so-called “kettling” for containment of peaceful crowds by police at demonstrations can be dangerous and inhumane and calls for its use to be limited or discontinued. (Additional information – motion 117 will be shared with ARM)

118 Motion by NORTH THAMES RJDC This conference: (i) recognises that there is evidence that less attention is paid to tasks that are routine, and that people often see what they expect to see and not what is in front of them; (ii) notes that wrong-medication errors probably happen to about 1-2% of inpatients in hospitals; (iii) notes the near-ubiquity of mirrors on hospital wards; and (iv) calls for pharmaceutical companies to print drug names on packages and ampoules in mirror writing, to make speedy (mis-)identification more difficult and force those working with medicines to think harder when identifying which drug they are administering.

119 Motion by EASTERN RJDC This conference notes with concern the lack of qualified practitioners able to deal with the significant health burden of mental health problems in China, and calls on the BMA to lobby the UK government and international organisations to support the WHO in improving the care available to these service users.

120 Motion by WELSH JDC That this conference wishes to note the disturbing increase in alcohol related deaths across the UK and associated admissions to hospital. It therefore calls on: (i) the BMA Public Health committee to lead a BMA campaign targeting the public about the dangers of excess alcohol; (ii) the BMA to lobby the UK government to force the drinks industry to display graphic images similar to cigarette packets on alcoholic beverage bottles; (iii) increase in funding from the DOH to provide on site counselling services within A&E departments; (iv) the government to consider introducing fines for alcohol related injury patients requiring treatment in hospital; and (v) a zero tolerance policy to be introduced across the UK for alcohol related violence in A&E, with offenders banned from hospital departments
**15.35 SOCIAL ISSUES**

**121 Motion** by NORTH THAMES RJDC This conference

(i) recognises that women make a difficult and sad decision when choosing to terminate a pregnancy;

(ii) condemns campaigning and the filming of women outside abortion clinics in the UK by anti-abortion activists, including 40 Days For Life;

(iii) repudiates the decision by some states in the USA to require an ultrasound examination before termination of pregnancy can be offered, particularly where this will require transvaginal sonography; and

(iv) supports efforts to reduce the need for abortion, but does not support efforts to reduce access to abortion services.

(Additional information – motion 121 will be shared with ARM)

**122 Motion** by NORTH THAMES RJDC This conference:

(i) recalls the important role the BMA played in the abolition of capital punishment in the UK.

(ii) condemns the use of capital punishment, wherever in the world it takes place.

(iii) believes that it is unethical for doctors to be involved in the process of execution.

(iv) notes that many executions are carried out using pharmaceuticals produced by multi-national pharmaceutical companies.

(v) commends the decision by the UK Government to halt export of pharmaceuticals from the UK for use in executions abroad.

(vi) calls on the BMA International Committee, Ethics Committee and other relevant bodies to work with relevant international organisations (including the WMA and WHO) to prevent the export and use of pharmaceuticals for the purpose of execution.

(Additional information – motion 122 will be shared with ARM)

**123 Motion** by SOUTH THAMES RJDC That this conference believes:

(i) that a doctor's first duty is to the patient,

(ii) that medical advancement requires an open discussion of scientific method and findings;

(iii) that neither of these ends can be met where doctors are silenced by political or ideological interest;

(iv) and emphatically reaffirms the right of a doctor to speak, independent of employer or government on professional matters and calls on the BMA to reject any such restrictions on this essential societal safeguard.

**124 Motion** by NORTH THAMES RJDC This conference

(i) welcomes Professor of Complementary Medicine Edzard Ernst's recent statement that homeopathy is biologically implausible

(ii) calls for the MHRA to revise its labelling requirements for homeopathic medicines to include wording to the effect that they contain no pharmacologically active ingredients

(iii) calls for the NHS to stop funding homeopathy treatments
125 **Motion** by NORTH THAMES RJDC This conference

(i) recognises that social exclusion can lead to worsening mental health for gay, lesbian and bisexual people

(ii) recognises that there is evidence to suggest that legalising same-sex marriage improves mental health and physical health for gay, lesbian and bisexual people

(iii) supports the Government’s intention to introduce civil marriage for same-sex couples

(iv) recommends that those who oppose same-sex marriages should not marry someone of the same sex

(v) calls for civil partnerships to be made available for opposite-sex couples

(vi) calls for the Government to do more to address the social exclusion of gay, lesbian and bisexual people in the UK and overseas

126 **Motion** by NORTH THAMES RJDC This conference calls upon the NHS and other providers of services to children to ensure that a child’s record does not claim to show the religion of the child, unless the child is considered competent to profess their own religion for NHS records purposes (normally to be demonstrated by being considered competent to consent to their own medical treatment).

15.55 **REGULATION AND THE GMC**

127 **Motion** by NORTH THAMES RJDC This conference recognises that current GMC funding is based on the principle that ‘the beneficiary pays,’ is dismayed at proposed changes to the GMC Council structure, and calls on the BMA to:

(i) oppose the move from the current GMC Council structure to an Executive Board; and

(ii) lobby the government and appropriate stakeholders to remove the cost burden of running the GMC from doctors if these changes are approved.

(Additional information – motion 127 will be shared with ARM)

* 128 **Motion** by NORTH THAMES RJDC This conference

(i) continues to recognise the need for medical revalidation to assure public safety and confidence in the medical profession and insists that medical revalidation must be proportionate, fair and transparent

(ii) does not believe that the time is yet right for patient feedback to be used to assess junior doctors’ performance

(iii) does not believe that the current proposed model for medical revalidation for junior doctors will be practicable

(iv) does not believe that the current proposed models for medical revalidation for all grades of doctor will be practicable

(v) withdraws the support of the BMA for the current plans for medical revalidation and calls on the GMC and the Health Departments to re-work the proposals for consideration by the profession again.

129 **Motion** by SOUTH THAMES RJDC That this conference strongly opposes the process of revalidation and believes that the process the GMC intend on employing may target certain groups of individuals more so than others i.e. GP trainees whom as part of their mandatory electronic portfolio learning logs submission are expected to complete a significant event analysis for each posting. If revalidation goes ahead, this conference calls on the GMC to employ a fair and just process with simple and clear instruction that will evaluate all groups of doctors in an equitable fashion.

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*indicates the motion selected for debate in a group of motions

Motions shaded in grey are those unlikely to be reached in the agenda for reasons of time
130 Motion by SOUTH THAMES RJDC That this conference notes the report of the Law Commissions for reform of the regulation of healthcare professionals. Conference believes that taken as a whole the recommendations from that report, or any attempt to significantly reform current systems of regulation without further significant and meaningful consultation with the medical profession, will result in a reduction in the professional protections and standing of the medical profession, will increase the number of frivolous and vexatious complaints, lead to an increase in the practice of defensive medicine, increase healthcare costs and will do so at the expense of patient safety.

16.05 PUBLIC PERCEPTION

131 Motion by NORTHERN IRELAND JDC That this conference believes medicine is and always will be a career to aspire to. The perception of a doctors role is however misunderstood by the public and is made more so by the media. We call for:

(i) Better publication and representation of the role and nature of the profession how much we do and how much we give in the service of our patients.

(ii) Examples of best practice and work are exalted in the press as those that are not are criticised.

(iii) UK medical drama shows be required by licence to be representative of the NHS.

(iv) An outright ban on fly on the wall ‘docu-dramas’ shadowing Junior Doctors.

132 Motion by WEST MIDLANDS RJDC That this conference:

(i) believes junior doctors have a generally good public image

(ii) believes this will be sorely tested over the coming months and years

(iii) believes it is vital to do everything possible to improve our public image

(iv) calls on JDC to work with the BMA marketing department to explore ways to maintain and improve the image of junior doctors

16.10 THE BRITISH MEDICAL ASSOCIATION

133 Motion by EASTERN RJDC That this conference acknowledges the importance of grassroots involvement of BMA members in an increasingly devolved National Health Service facing the threat of regional pay bargaining, and calls for sufficient resources to be placed at a regional level to assist Regional Services undertake this ever-increasing workload.

* 134 Motion by NORTH THAMES RJDC This conference:

(i) reaffirms the importance of promoting equality and diversity within BMA committee membership in order to best represent the interests of BMA members.

(ii) notes with regret the decision of Council to exclude some recognised diversity strands from the BMA’s internal equality and diversity monitoring process last year.

(iii) believes that as a representative organisation the BMA should ensure adequate representation from all recognised diversity strands.

(iv) requests that Council reconsider this decision and monitor participation from all recognised diversity strands, in line with best practice in equality and diversity.

135 Motion by SOUTH THAMES RJDC That this conference believes that if the BMA are to be seen to take Equality and Diversity issues seriously then the BMA Council must collect, and report on data for all protected diversity strands, and not just those they deem to be appropriate.
136 Motion by NORTH THAMES RJDC This conference notes that the Junior Doctors Committee used to organise a yearly flexible training forum which was popular and well-attended. The forum was disbanded in 2006 but there is increasing demand for it to be re-instated. This conference therefore calls upon JDC to re-instate the forum in a new form.

A 137 Motion by NORTH THAMES RJDC This conference recognises the crucial role Regional Junior Doctors Committees have, and the importance of a democratic mandate that comes with elected positions. To maintain and improve upon this process, this conference calls on the JDC to consider other methods of electing representatives to the committee, including but not limited to online and postal voting.

A 138 Motion by SOUTH WESTERN RJDC That this conference believes that given the current debate on the future of the NHS, the BMA needs to widen its professional activities to include a dedicated group working on health economics within the remit of the Board of Sciences. This new group should have the aim of developing a set of resources on health economics which can be disseminated to both members and the wider public.

139 Motion by EASTERN RJDC That this conference believes in equal representation across all four nations for junior doctors, based on the number of registered members in a particular region or nation, and calls for the JDC to ensure that geographical representation of members to the JDC is equally representative of the number of members in each region or nation.

140 Motion by SOUTH WESTERN RJDC That this conference calls on the BMA to adopt an active approach to encouraging the use of green forms of transport by members and representatives travelling on BMA business by:

(i) reviewing all meetings and venues to ensure that they are accessible without a car,

(ii) providing details of local transport routes/stations for all BMA meetings appropriate to the venue and cycle storage/changing facilities available on or near the site.

141 Motion by EASTERN RJDC That this conference believes that the relocation and streamlining of the library at BMA house has been a success, so much so, that it is now becoming a victim of its own success, and:

(i) calls for there to be an introduction of fines levied for late return of books to ensure equity of access to facilities for all.

(ii) calls for there to be a limit to the areas for use by student members of the organisation.

(iii) calls for this membership service to be further advertised to all members and potential members as a benefit of BMA membership.

142 Motion by SOUTH THAMES RJDC That this conference believes that the production of carbonated water has a significant energy cost which is not compatible with the BMA’s stance on climate change. Conference therefore calls for the BMA to only provide still water at BMA meetings and events and in BMA House.

143 Motion by SOUTH THAMES RJDC That this conference recognises the increasing duties of staff within the BMA in view of the HSCB and proposed fragmentation of the NHS into CCGs and asks that the BMA consider increasing their funding so as to support and facilitate recruitment of able staff to continue further contribution to ongoing processes within the BMA.

144 Motion by MERSEY RJDC That this conference calls on the BMA’s HPERU to produce an impact assessment of HM government’s annual budget statement on the Association’s junior members.
16.25 BALLOTED MOTIONS

16.35 RESULTS OF THE ELECTION OF FOUR MEMBERS OF THE CONFERENCE AGENDA COMMITTEE 2012-13

16.40 LSD

145 Motion by SOUTH CENTRAL REGIONAL COUNCIL And finally this Meeting believes that it's just not good enough and someone should do something about it.

146 Motion by NORTH THAMES RJDC This conference notes the benefits to health of being in a stable, loving relationship, and calls on the Government to promote and subsidise dating services.

147 Motion by NORTH YORKSHIRE LMC That conference believes a B list celebrity should be inoculated with a virulent strain of flu in September each year in order to achieve, for the greater good, a high uptake of influenza vaccination for that season's campaign.

16.45 SUMMARY OF THE DAY

17.00 CLOSE

A motions are non-controversial or already Junior Doctors Conference Policy
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