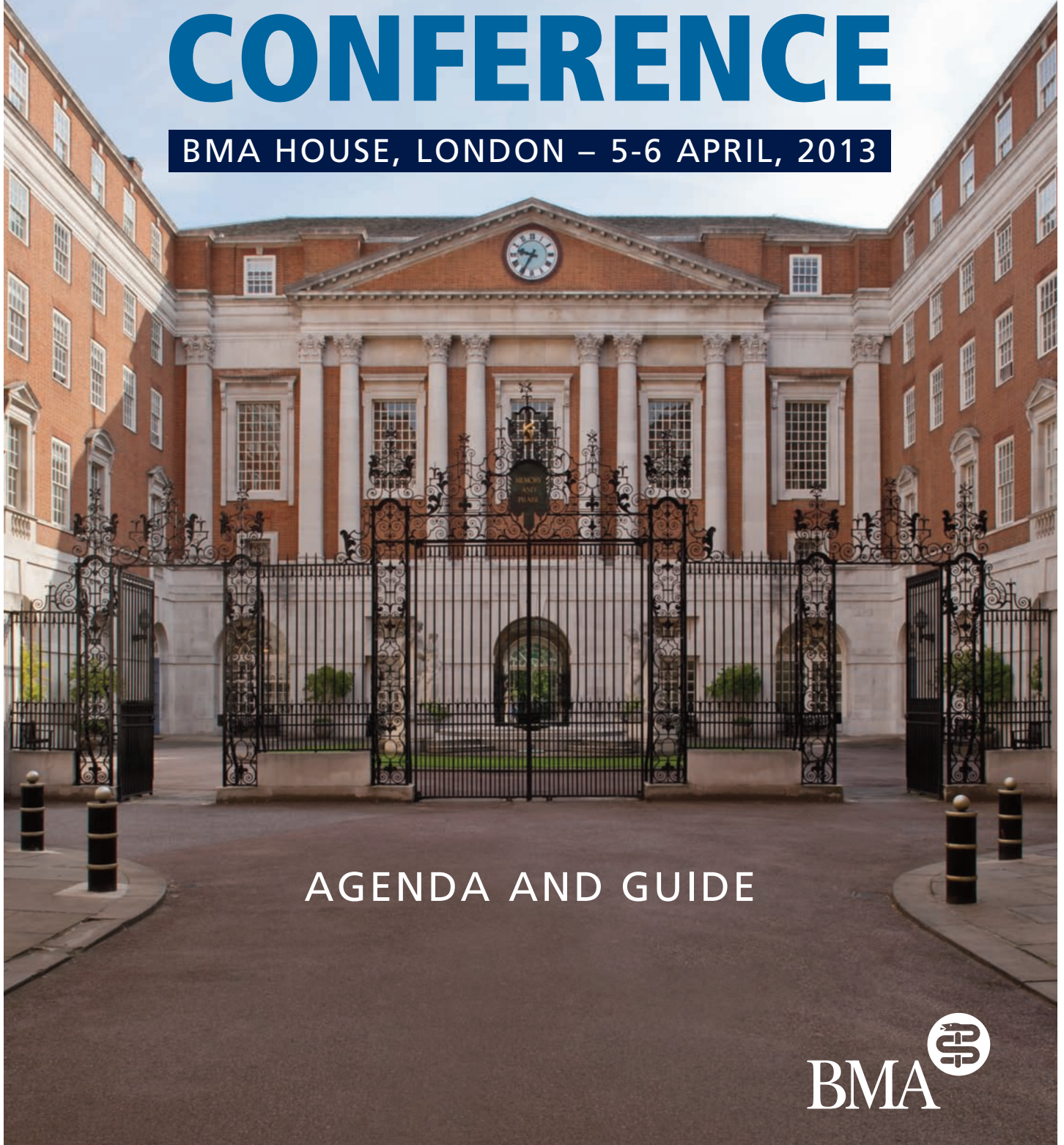




BMA Medical Students **CONFERENCE**

BMA HOUSE, LONDON – 5-6 APRIL, 2013



AGENDA AND GUIDE

BMA 

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London, WC1H 9JP
www.bma.org.uk

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Welcome from the Chair of the Medical Students Conference 2013



Claire Norman
Chair
Medical Students
Conference 2013

Dear Delegates

It is with great pleasure that I welcome you to the 2013 BMA Medical Students Conference here at the heart of the organisation: BMA House. Whether you have already been involved with the BMA or are a complete newcomer, I hope that you gain a lot from these two days and leave feeling enthusiastic and empowered about medico-politics.

Conference is your opportunity to direct the work of the Medical Students Committee in the upcoming year. Every UK medical school has submitted motions on the issues they feel passionately about to the Agenda Committee and the one and half days of Conference will give you the opportunity to debate these key issues. The agenda will cover everything from curriculum content to medical students' involvement in global health and I urge you to read through it to see if there is anything that you wish to argue for or against. In addition to the formal debate, we'll also be holding an informal open debate on Saturday afternoon, which I hope you will all feel able to participate in.

Another part of conference is hearing from the chairs and deputy chairs of the MSC and finding out what work has been done on your behalf this year. It is great to see how motions that are debated at conference become policy that has a real impact on medical students' education, lives and careers! This has been a very busy year for the committee and I'm sure you will interest to hear first-hand what has been going on. On Friday you will also have the opportunity to attend a workshop. This year we selected workshops with the aim of equipping students with practical representation skills as well as informing them about issues that are currently facing the profession; I hope you find these interesting and useful.

Being one of the representatives from your university comes with it the responsibility of representing the views of your colleagues. Therefore, it is very important that you are not shy in contributing to the debates. Making yourself aware of current issues both locally, through gauging the feelings of your fellow students, and nationally, by reading media reports and BMA briefings, will ensure that you feel confident in contributing. We don't need you to be an expert, but we do want you to have an opinion and argue for it coherently. Needless to say, as the doctors of tomorrow, I must also remind you that we do expect that you will behave appropriately throughout conference.

Please do make yourself familiar with this Agenda and Guide and should you have any queries regarding any of the issues, feel free to speak to your MSC Rep/ISC Chair for further information on the topic. You can find the details of your rep at www.bma.org.uk/msc.

Most importantly, conference is a chance for you to enjoy yourself. It is a rare opportunity to meet likeminded people from all over the country whilst contributing to debates that could shape the policy of a hugely influential organisation. Please come and introduce yourself to the Agenda Committee, who will be wearing special t-shirts to identify themselves. If you have any problems or questions, we will usually be located in our 'pit' at the front of the hall. The Agenda Committee will also be delivering a 'teach in' session designed to help you get to grips with the debating process and we always look forward to hearing first time speakers on the podium. Encouraging newcomers to speak is very important to me and the Agenda Committee and we will give preferential treatment to those who are first time speakers when calling people to debate. You should also be aware that throughout the conference we will be keeping an eye out for the best speakers, including Best First Time Speaker, with the intention of awarding these people with small prizes at the end of conference.

If you've been to Conference before, welcome back! Please use your experience to assist those who are new to conference if needs be, whether you are helping them with the debate process or just being a

friendly face. We've made some changes to this year based on the feedback of delegates and we hope that this will enhance your Conference experience. Feedback is always important to the smooth running of a Conference so please feel free to share your thoughts with us at any time. As time is ever moving forward, next year's Chair, Deputy Chair and Agenda Committee members will be elected on Saturday afternoon so please speak to us if you have any questions about the roles!

Best wishes,

Claire Norman
Chair
Medical Students Conference 2013

Welcome from the Co-Chairs of the BMA Medical Students Committee 2012-13



William Seligman
Co-Chair
Medical Students
Committee 2012-13

On behalf of the Medical Students Committee of the British Medical Association, we wish you a very warm welcome to BMA House. We are delighted that BMA House has been chosen as the venue for the 2013 Medical Students Conference. As you enter BMA House look around you, this is a building rich in history. Having served as the BMA's headquarters since 1925, you will find medical leaders commemorated throughout the building. From Elizabeth Garret Anderson – the first woman doctor – to John Snow – the public health pioneer. This is a place where great discussions, debates and ideas have happened, and we hope this weekend will see that tradition continue. It also gives us a chance to show you around the organisation of which we are so proud to be a part, and where we spend a whole lot of our time!

The Medical Students Committee (MSC) is a fully independent 'Branch of Practice' committee of the BMA. Made up of representatives from each of the medical schools in the UK, MSC is the national forum for debate for medical student members. We are a friendly group of like-minded individuals, so I hope you will take this opportunity to ask any of us your questions and consider becoming more involved with the BMA. Conference is an opportunity to tell us what you care about, why it's important to you, and what you want us to do about it. Debating ideas with our fellow students forms the direction that the MSC and BMA takes, and decides our position on issues important to medical students. You determine the MSC's priorities for the following year and it is then up to us, the MSC and its Officers, to ensure that the policies you vote in are acted upon. When we speak as one, our voice is heard at the highest levels. At Conference, you will have the opportunity to let organisations like the UK Foundation Programme Office, the Medical Schools Council, the General Medical Council and the Department of Health, know what you think of their policies affecting medical students today.



Alice Rutter
Co-Chair
Medical Students
Committee 2012-13

But more importantly conference is a chance to meet amazing people, with amazing ideas, all wanting to make a change to medical education. Coming to this conference means that when you see a problem, you don't stand back and let someone else fix it. You actively push for change and strive to make things better. The first time we came to conference we were blown away by these extraordinary students and all the things they were doing. We had never imagined that as students, we could achieve so much. Conference and the people we met there inspired us to get involved, to make positive change happen. Now that we are in the positions of those that made such a great impression on us, we hope that the work we do and the people you meet at conference this year can inspire you in the same way.

At this critical time, it has never been more important for us as the doctors of tomorrow to make our voice heard. The NHS is currently going through one of the largest reconfigurations in history with an economy at rock bottom. Doctors' pensions have been attacked and there are threats to the terms and conditions of service at every level. It will be our generation who will see the ill effects of today's government policies. It will be our generation who will be tasked with repairing any damage caused by flawed government policies. And it will be our generation whom patients will demand that nothing similar be allowed to happen again.

Claire Norman and the Agenda Committee have worked extremely hard to make this weekend useful and enjoyable for you, and we are so grateful to them for organising such a wonderful event. The passion and commitment that medical students show never ceases to amaze us, and we are very thankful that you have given up your precious time to come and spend this time with us. Your views are what we are here to represent, and it is your passion that drives us forward so please do speak up and come and talk to us! We look forward to meeting you all and to hearing your great ideas for the future.

See you soon!

William Seligman & Alice Rutter
Co-Chairs
Medical Students Committee 2012-13

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 between 12.30 – 13.15 hours on Friday 5 April, 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 so that you may claim your expenses.

Badges

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

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

Travelling Expenses

Please hand in your claim form for travelling and subsistence expenses, as well as your feedback form, before you leave the Conference.

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

As meals are being provided free of charge, other meal expenses will not be paid. Please do not try to claim these. There are strict exceptions to this if you can clearly demonstrate that you will arrive back at your destination at the end of Conference after 10pm.

Catering Arrangements

Breakfast will be served in your hotels. Lunch on Friday 5 April will be provided at BMA House. Dinner on Friday night will take place in the Snow and Paget Rooms, BMA House.

On Saturday lunch will be served in BMA House. Those delegates staying in London on the Saturday evening will need to make their own arrangements for dinner. Please check your programme for meal times.

Quiet/Prayer Facilities

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

Mobile Phones, Bleeps and Pagers

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

No-smoking Policy

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

Speaker Prizes

There will be a number of prizes awarded to the best speakers at Conference, including a prize for 'best speaker' and 'best first-time speaker'. 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

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

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

In addition to maintaining political neutrality you must avoid defamation; that is, making a statement which would tend to lower an individual's reputation in the eyes of right thinking members of society, or which would cause them to be shunned or bring them into hatred, ridicule or contempt, or which tends to discredit them in their profession or trade.

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

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

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

Dress Code

The dress code for Conference is relaxed, and whilst some of us 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 with a vintage American twist—a smart suit or dress is perfectly acceptable.

Conference Programme

Medical Students Conference 2013

Friday 5 April 2013

<i>12.30 – 13.15</i>	<i>Registration and Lunch</i>
13.15 – 13.30	Welcome from Chair
13.30 – 13.40	Welcome and speech from MSC Chair
13.40 – 14.10	Keynote Speech
14.10 – 14.30	Accountability session
14.30 – 14.50	Teach-in
<i>14.50 – 15.05</i>	<i>Refreshments</i>
15.05 – 16.15	Workshops
16.15 – 17.30	Part One of the Agenda
17.30 – 17.35	Debrief of Day and election information
18:00 hrs	Deadline for any motions from workshops
<i>19.30</i>	<i>Dinner and entertainment</i>

Saturday 6 April 2013

09.30 – 09.35	Introduction to day two
09.35 – 11.00	Part One of the Agenda
<i>11.00 – 11.20</i>	<i>Refreshments</i>
11.20 – 13.00	Part One of the Agenda
12:15hrs	Deadline for election nominations
<i>13.00 – 13.45</i>	<i>Lunch</i>
13.45 – 14.15	Open debate
14.15 – 14.30	Introduction to Candidates and Voting
14.30 – 15.00	Part One of the Agenda
	Part Two of the Agenda: Balloted motions, workshop motions and matters arising from Conference
<i>15.00 – 15.20</i>	<i>Refreshments</i>
15.20 – 16.20	Part Two of the Agenda: Balloted motions, workshop motions and matters arising from Conference
<i>16.20 – 16.30</i>	<i>Close and election results</i>

Deadlines

- **Submission of amendments and riders:**
15.30, Friday, 5 April 2013
- **Submission of Workshop Motions:**
18.00, Friday, 5 April, 2013
- **Receipt of voting papers for Part B of the Agenda:**
18.00, Friday, 5 April 2013
- **Submitting nominations forms:**
12.15, Saturday, 6 April 2013
- **Receipt of voting papers for elections:**
to be announced Saturday, 6 April, 2013

Debating Part 1 of the Agenda

Friday, 5 April 2013.

DEBATING PART 1 of the AGENDA

1. Welcome and Introductions

2. Minutes of Conference 2012

3. Conference Standing Orders

4. Action on Resolutions

5. MSC Policy

FINANCE

1.

KCL1000 **Motion** by KINGS COLLEGE LONDON This conference notes

- i) That with the raising of the cap on tuition fees to £9000 came a radical shake up of the schedule of interest added to student loans.
- ii) That for the first time, the 2012 cohort will accrue interest over and above inflation at RPI + 3%(1) until repayment.

Believes

- i) That this is a massive change in Student Loans policy which makes Student Loans similar to commercial loans and severely impacts all students,
- ii) That this will especially affect medical students because of the increased length of the course and that this top rate of interest will continue to accrue even when medical students are being funded the NHS Bursary Scheme in later years of the course
- iii) That this change will be a financial disadvantage to students who cannot afford to pay upfront and for whom taking out a tuition fee loan is necessary

Resolves that the MSC should oppose any real-terms – that is, above inflation – interest rate on tuition fees

Funding of Higher Education

2.

BSMS1000 **Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference

- i) Recognises that under the current NHS bursary scheme, many students are ineligible to receive means-tested NHS bursaries for year 5 and 6 based on parents' earnings and a portion of these students do not receive any financial support from their parents
- ii) Appreciates that some of these students work-part time to pay for fees and expenses, whilst others cannot due to their highly demanding schedules which leaves them in very difficult and stressful financial situations
- iii) Believes that all undergraduate and graduate medical students should receive the necessary financial support from the government and SLC to complete their education without experiencing financial duress or having to take out commercial debt and/or divide their time between part-time jobs and medical studies
- iv) Calls upon the MSC to work with Medical Schools Council and key organisations to:
 - a. Continue to lobby the NHS bursaries unit to increase the threshold for parental earnings when determining bursary entitlements
 - b. Work with the NHS bursaries unit to create a system to identify and verify students who do not receive financial help from parents and to process their applications for means-tested bursaries based on their income and savings (i.e. independent of parental earnings)
 - c. Work closely with medical schools to create and distribute information packs clearly stating funding options as well as financial issues and scenarios students may face throughout their course
 - d. Lobby the SLC to offer graduate students the same loan options that are available to undergraduate students

Devolved nations

3. **NIMSC1000 Motion** by NORTHERN IRELAND MEDICAL STUDENTS COMMITTEE
This Conference:
 - i) Fully supports graduate students from all areas of the UK wishing to study medicine.
 - ii) Understands that graduate students have a diverse wealth of experience that makes them excellent medical students and clinicians, enhancing patient care as a whole.
 - iii) Notes that graduate medical students domiciled in England, Scotland and Wales can access an NHS Bursary for their final year of study, and fully supports this.
 - iv) Finds it unacceptable that graduate medical students domiciled in Northern Ireland are disadvantaged financially compared with their peers domiciled elsewhere in the UK as they do not have access to the NHS bursary.
 - v) Calls on the BMA Medical Student Committee to act with Northern Ireland Medical Student Committee and place pressure on relevant stakeholders, including but not limited to the Department of Health, Social Services and Public Safety (DHSSPS), to change its current practice, and provide funding for graduates domiciled in Northern Ireland in the interest of fairness and equality for its members.

4. **GLAS 1000 Motion** by GLASGOW MEDICAL SCHOOL This conference:
 - i) Deplores the lack of transparency in ACT (Additional Cost of Teaching) funding for undergraduate medical education in Scotland
 - ii) Believes that in all trusts education spending should be directly accountable to medical schools and the student body
 - iii) Mandates that the BMA lobby health boards to identify ACT funding within total service costs and account precisely for its spending
 - iv) Demands that MSC members are incorporated in all accountability and planning processes for the spending of education money

THE FOUNDATION PROGRAMME AND FURTHER TRAINING

Application to the Foundation Programme

5. **PMS1000 Motion** by PENINSULA MEDICAL SCHOOL This conference:
 - i) Recognises the hard work of the BMA MSC during the creation and implementation of the Educational Performance Measure (EPM).
 - ii) Recognises concerns regarding the transparency of the EPM at some medical schools.
 - iii) Calls upon the BMA MSC to lobby the UK Foundation Programme Office (UKFPO), medical schools and the Medical Schools Council to ensure adequate student consultation when deciding upon the assessments included in the EPM by
 - a) Providing examples of good and bad practice of how to consult with students
 - b) Requiring medical schools to evidence their student consultation methods, including minutes of any meetings to be submitted and in a location available to students
 - c) Requiring medical schools to publish the assessments used in the calculation of the EPM in an easy to access location for students and to make students aware of this as early as possible.

6. **CAC1000 Motion** by CONFERENCE AGENDA COMMITTEE This Conference:
- i) Believes that as a new addition to the Foundation Programme Application System (FPAS), the Situational Judgement Test (SJT) is relied too heavily upon in determining a student's overall score and therefore choice of hospital for their Foundation Years;
 - ii) Believes the SJT process lacks transparency and credibility and that as a minimum all students should receive written feedback regarding their performance in the SJT;
 - iii) Calls for feedback so that students can at least gain insight regarding the most appropriate action to take in particular scenarios;
 - iv) Calls on the United Kingdom Foundation Programme Office (UKFPO) and relevant stakeholders to independently reassess the weighting of the SJT and to reduce it until there is greater evidence regarding the efficacy of the SJT;
 - v) Calls for these bodies to create and use an alternative, reliable, and valid method for dictating entry into the UK Foundation Programme should the SJT be shown to not be a valid measure
- 6a **BSMS1004 Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference
- i) Recognizes that there is a lack of evidence to support the effectiveness of the Situational Judgment Tests (SJT) in measuring professional skills and other qualities necessary to perform the duties of a junior doctor.
 - ii) Believes that the SJT represents a disproportionate amount of the overall selection methods used for ranking students for entry to the Foundation Programme (FP).
 - iii) Believes that the EPM framework does not award enough points to "other educational achievements" and that this may discourage students from pursuing more leadership or research roles during medical school.
 - iv) Believes that medical schools are responsible for adequately informing students early in the course about the SJT, its weight on FP applications and the resources available to students to prepare for the SJT.
 - v) Calls upon the MSC to continue to work with the Medical Schools Council, the General Medical Council and/or other key organizations to:
 - a. Continue to work with the UKFPO to research the effectiveness of the SJT as an assessment tool for Foundation Programme selection
 - b. Lobby to the UKFPO to reconsider the weighting of the SJT and to encourage all medical schools to do the same
 - c. Encourage medical schools to include SJT scenarios in assessments (e.g. knowledge tests) throughout the course and to provide more opportunities for students to discuss SJT scenarios and rationales in small groups with the aim of familiarizing students with the test format as well as strategies to judge SJT scenarios most effectively
- 6b **BRI1003 Motion** by BRISTOL MEDICAL SCHOOL This conference
- i) Recognises that significant changes have been made to the UK Foundation Programme Application System (FPAS), in particular with the introduction of the Situational Judgement Test (SJT) and the Educational Performance Measure (EPM).
 - ii) Recognises that it is vital to ensure that the SJT is not only a reliable, but also a valid method for assessing the eligibility of medical students to the UK Foundation Programme.

- iii) Calls upon the MSC to lobby the Department of Health, UK Foundation Programme Office and the Medical Schools Council to invest in research examining the validity of the SJT as agreed in previous discussions with the MSC.
 - iv) Calls for these bodies to create and use an alternative, reliable and valid method for dictating entry into the UK Foundation Programme should the SJT be shown to not be a valid measure.

- 6c LIV1000 **Motion** by LIVERPOOL MEDICAL SCHOOL That this conference believes that:
 - i) As a new addition to the Foundation Programme application process, the Situational Judgement test is relied on too heavily in determining a student's overall score and therefore choice of hospital for next year.
 - ii) That the SJT process lacks transparency and credibility and that as a minimum all students should receive written feedback regarding their performance in the SJT.
 - iii) Calls upon the Foundation Programme to independently reassess the weighting of the SJT and to reduce it until there is greater evidence regarding the efficacy of the SJT.
 - iv) Calls for feedback so that students can at least gain insight regarding the most appropriate action to take in particular scenarios.

- 7. **Leeds 1000 Motion** by LEEDS MEDICAL SCHOOL
 This conference calls on the BMA to:
 - i) Recognise that much of the information provided on academic jobs by foundation schools on their websites is out of date and in some instances also incomplete
 - ii) Recognise that medical students are being put in the position of ranking academic jobs on the basis of this out of date information
 - iii) Lobby the appropriate bodies to ensure that correct up to date information is supplied by foundation schools on all of the jobs offered within that school on their webpages and all other media by which they publicise their jobs
 - iv) Lobby the appropriate bodies to ensure that all forms required for the application process, including those for supporting information required, are clearly signposted and easily available on the foundation schools webpages

- 8. CAMB1000 **Motion** by CAMBRIDGE MEDICAL SCHOOL This conference:
 - i) Recognises the importance of an evidence base for all aspects of the Foundation Programme Application System (FPAS) to ensure that it is a fair and valid system.
 - ii) Calls on the BMA to engage stakeholders in searching for an evidence base for the assumption that student deciles in the Educational Performance Measure (EPM) are equivalent between medical schools.

- 9. KEELE1000 **Motion** by KEELE This conference
 - i) Recognises the general lack of understanding of the academic and foundation programs and their application process in students both in their pre-clinical and clinical years.
 - ii) Recognises the importance of extra-curricular work in improving applicants

- chances of gaining a place on their chosen program.
- iii) Recognises the comparatively large amount of free time allocated to medical students in their pre-clinical years to carry out publication work and explore intercalation options.
 - iv) Calls for the BMA to work with the UKFPO and medical schools in providing information about the foundation program and its application process as early as possible.
 - v) Calls for the BMA to work with the UKFPO and medical schools in providing information about how best to improve and prepare their application as early as possible.
10. UCL1000 **Motion** by UNIVERSITY COLLEGE MEDICAL SCHOOL This conference believes that, as indicated by the presence of the SJT (situational judgment test) in the application process for the Foundation Programme (FP), qualities of professional judgment should be (and are) considered in allocating places to applicants and to better serve this purpose calls for:
- i) An investigation into the feasibility of interviews to be employed in similar manner to those conducted for applicants to medical and/or clinical schools as well as specialty training posts;
 - ii) Feedback from foundation schools on the possibility of using interviews to decide the best suited candidates for their available positions;
 - iii) The proposed interviews be established as a priority to those deaneries that are oversubscribed (6 for applications in 2012);
 - iv) Formats and details of interviews to be decided after an agreement in principle on interviews forming part of the application process;
 - v) Council to appoint a decision making body commissioned to determine the specifics of how best to achieve these proposals; including but not limited to: format; timings; participants; weighting in a student's application; role of the SJT etc.
11. NEW1000 **Motion** by NEWCASTLE MEDICAL SCHOOL This conference:
- i) Notes with dismay that the UK Foundation Programme is oversubscribed for the third year running
 - ii) Regretfully considers that it is possible that in future UK graduates may be denied Foundation Programme jobs
 - iii) Recognises that failure to secure an FY1 post is a barrier to full GMC registration and therefore employment as a doctor
 - iv) Is concerned that alongside the recent increase in university fees, this uncertainty will deter future applicants to medicine, in particular those from Widening Participation backgrounds
 - v) Calls on the MSC to produce guidance to be provided to UK graduates placed on the FP reserve list regarding their options if they do not secure an FY1 post.
12. EDU1000 **Motion** by EDUCATION SUBCOMMITTEE This conference:
- i) Acknowledges that the UKFPO has declared oversubscription to the Foundation Programme for 3 years running
 - ii) Believes that coupling is unlikely to provide suitable terms and conditions of working
 - iii) Deems the option of coupling the first year of the Foundation Programme with the undergraduate medical course to be an unacceptable one

- iv) Calls for BMA MSC to continue to be involved in all discussions about contingency planning

13.

OXF1000 Motion by OXFORD MEDICAL SCHOOL This Conference notes:

- i) That above all, patient safety is a doctor's first concern;
- ii) The increasing competition for specialty training places, and current emphasis on activities such as audit, course attendance and SJTs rather than clinical ability;
- iii) The concern over the lack of oversight of non-UK trained EU nationals;
- iv) That many doctors already begin their membership exams during their Foundation years;
- v) The value in differences between medical school curricula and ensuing practical concerns about national exit exams.

This Conference believes:

- i) That there is a core of knowledge which doctors entering all specialities would require to be competent;
- ii) Doctors should be given an opportunity to demonstrate clinical ability for the purposes of specialty selection, and this change in emphasis towards this would benefit doctors and patients;
- iii) That the principle of a national licensing exam during the foundation years to enhance patient safety and to simplify and enhance the process of speciality selection is sound.

This Conference resolves:

- i) That the BMA work with Medical Education England, the GMC and the Royal Colleges to develop and implement these proposals.

EDUCATION

14.

ABN1002 Motion by ABERDEEN MEDICAL SCHOOL This conference notes that

- i) Medical students increasingly take part in educational extra-curricular activities such as publication and presentation.
- ii) These activities can play an important role in the personal and professional development of students.
- iii) The cost of these activities can be high and may discourage some students from pursuing them.

Calls on the Medical Students Committee to

- iv) Complete a piece of work on student funding for educational extra-curricular activities and disseminate their findings accordingly.

Admissions

15.

DUND1000 Motion by DUNDEE MEDICAL SCHOOL This conference is concerned by the proposed changes to secondary education in England to introduce an English Baccalaureate. Furthermore this conference believes that the British Medical Association should be considering these changes and the potential impact they will have on the availability of and funding for teaching the arts and humanities. This conference:

- i) Recognises that extra-curricular arts activities are normally only accessed by a higher socio-economic class and that by decreasing these subjects in school the access to the arts will become more difficult.
- ii) Believes that the arts are important for a well-rounded education and make up an important part of the UCAS application form when selecting medical applicants.

- iii) Calls on the appropriate arm of the British Medical Association to investigate and seek advice on what impact the English baccalaur eate will have in increasing the access gap and what, if any, the decrease in arts provision will have upon healthcare in the UK in terms of well-rounded physicians and the exclusion of individuals that have background outside the sciences.
- iv) Requests that the BMA lobby the relevant Government stakeholders because restricting access to an education in the arts will lead to a less diverse medical workforce and will disadvantage students that come from families that cannot afford extra-curricular activities.

Admissions & Widening Participation

16. SHEF1000 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference notes the findings of the report on Fair Access to Professional Careers by the Independent Reviewer on Social Mobility that students from lower socio-economic backgrounds still face significant barriers to accessing medicine as a career. Whilst it notes the success of access schemes at some medical schools, it is concerned that the quality and quantity of such schemes is hugely variable across the UK. Therefore this conference:
- i) Calls on the UK government to mandate medical schools to demonstrate the existence of substantiate widening access schemes and policies
 - ii) Calls on the UK government and devolved national governments to implement a 10% minimum of admissions to be from widening access backgrounds
 - iii) Calls on the BMA to work with the UK government, GMC and other stakeholders to develop guidelines as to what constitutes a widening access background
 - iv) Calls on the GMC to incorporate widening access schemes into the quality assurance process
 - v) Calls on the GMC to work with stakeholders including the BMA to develop principals and assessment criteria for widening access schemes to adhere to
17. CAC1001 **Motion** by CONFERENCE AGENDA COMMITTEE This conference reiterates its support for the widening of access to medical school education. This conference:
- i) Recognises the inequalities in access to beneficial medical experience prior to university application, a necessity to admission;
 - ii) Calls on the BMA to lobby the GMC to:
 - a. Acknowledge the professional obligation of doctors to provide educational opportunities for prospective medical students;
 - b. To acknowledge doctors who partake in widening participation schemes as part of their appraisal process;
- This conference:
- iii) Believes that the BMA needs to do more to facilitate and to regulate the provision of work experience to prospective medical students in keeping with existing policy;
 - iv) Resolves that the BMA make renewed efforts to work within relevant professional bodies to oversee the provision of work experience by local trusts and appoint work experience coordinators in all trusts to administer and organise all placements.

- 17a. EDIN1000 **Motion** by EDINBURGH MEDICAL SCHOOL This conference reiterates its support for the widening access to medical schools, and recognizes the inequalities in pupils access to beneficial medical experience prior to university application: a necessity for admission
This conference:
- i) Calls on the BMA to lobby the GMC to:
 - ii) Acknowledge the professional obligation of Doctors to provide educational opportunities for prospective medical students.
 - iii) To accredit doctors who partake in widening participation schemes as part of their revalidation process.
- 17b. OXF1002 **Motion** by OXFORD MEDICAL SCHOOL This Conference notes:
- i) The importance of work experience in the admissions procedure and recognises the importance to school pupils of obtaining some clinical experience prior to committing to a career in medicine;
 - ii) that, rightly, there is a strong campaign to widen access to medicine;
 - iii) the motion passed in 2010 on this issue;
- This Conference believes:
- i) that in order to be consistent with efforts to widen access to medicine, work must be done to widen access to work experience;
 - ii) that the BMA needs to do more to facilitate and to regulate the provision of work experience to prospective medical students in keeping with the 2010 motion.
- This Conference resolves:
- i) that the BMA make renewed efforts to work within relevant professional bodies to oversee the provision of work experience by local trusts and appoint work experience coordinators in all trusts to administer and organise all placements.
18. EXEC1000 **Motion** by EXECUTIVE SUBCOMMITTEE This conference notes the report on Fair Access to Professional Careers published in 2012, which criticises the medical profession for taking too little interest in fair access to medicine and becoming more socially exclusive. Therefore this conference mandates the BMA to:
- i) Prioritise fair access to medicine as a policy requiring action from all branches of practice
 - ii) Invest more resources from the BMA budget as a whole in widening participation initiatives
 - iii) Endorses the recommendation that the profession as a whole should work together to widen access to medicine and publish its intentions for doing so
 - iv) Explore the options to increase access to work experience for prospective medical students and promote successful schemes
 - v) Lobby medical schools and the Medical Schools Council for greater transparency on how fair access and contextual data are incorporated into application procedures
 - vi) Work with the GMC, NHS Employers, the NHS Confederation and the Medical Schools Council to champion the systematic collection of information on social backgrounds of staff in the medical sector

Intercalated BScs & Other Degrees

19. CAC1002 **Motion** by CONFERENCE AGENDA COMMITTEE This conference notes that students may face multiple problems when transitioning into intercalated degrees, including difficulties with adjusting to different learning styles and assessment methods. Therefore, this conference calls on the MSC to lobby appropriate bodies to:
- i) Ensure that all intercalated degree courses have comprehensive academic and welfare support structures which are easily accessible for intercalating students, and are equipped to help manage the specific difficulties they face;
 - ii) Ensure that whether the student is intercalating at their normal institute of education or another institution, the student is fully informed of how to access support services;
 - iii) Appoint intercalating student representatives at each institution to provide a unique perspective to prospective intercalating students;
 - iv) Allocate a named member of staff to assist with such transitions;
 - v) Collate information from students at the end of their intercalation with an aim to improve the process and show the issues they have faced in a transparent manner for prospective intercalating students;
 - vi) Ensure high standards of communication to guarantee that both parties – medical school and department or institute of intercalation – are aware of the responsibilities they hold.
- 19a. HYMS1000 **Motion** by HULL YORK MEDICAL SCHOOL This conference notes that students may face multiple problems when transitioning into intercalated degrees, including difficulties with adjusting to different learning styles and assessment methods. Therefore, this conference calls for the MSC to lobby appropriate bodies to:
- i) Ensure that all intercalated degree courses have comprehensive academic and welfare support structures which are easily accessible to intercalating students and equipped to help manage the specific difficulties they face
 - ii) Ensure that whether the student is intercalating at their normal institute of education or another institute, the student is fully informed of how to access support services
 - iii) Allocate a named member of staff to assist with such transitions
 - iv) Collate information from students at the end of their intercalation with an aim to improve the process and show the issues they have faced in a transparent manner for prospective intercalating students
 - v) Ensure high standards of communication to guarantee that both parties – medical school and department or institute of intercalation – are aware of the responsibilities they hold
- 19b. EDU1003 **Motion** by EDUCATION SUBCOMMITTEE This conference acknowledges that the intercalation process presents a unique set of challenges for students and therefore calls the MSC to lobby for:
- i) The transparent collation of feedback regarding issues intercalating students face at each institution which is then made accessible to prospective students
 - ii) The appointment of intercalating student representatives at each institution to provide a unique perspective to prospective intercalating students
 - iii) Clear points of contact for academic and welfare support who are empowered to help intercalating students with their specific difficulties, which may include adjusting to different styles of assessment

Core curricular component

20. SWAN1000 **Motion** by SWANSEA MEDICAL SCHOOL This conference
- i) Recognises that there is a wealth of knowledge and teaching opportunity to be exploited in the realm of errors in healthcare provision from life-threatening hospital errors to emotional harm from careless communications.
 - ii) Calls upon the GMC to recognise the importance of learning from past mistakes in order to reduce patient suffering and conserve financial resources going forward.
 - iii) Calls upon all medical schools to use anonymised examples of clinical errors in a narrative form to teach about the impact of error from the patient's perspective. This will encourage students to reflect upon the nature of the suffering and harm caused as a result
21. WMSC1000 **Motion** by WALES MEDICAL STUDENT COMMITTEE This conference recognises the value of good communication within undergraduate training to facilitate necessary interaction with patients and healthcare teams. Language barriers can be particularly difficult to address but should be restricted wherever possible. This conference supports:
- i) Lobbying universities to offer and subsidise non-compulsory language lessons for medical students relevant to the local populations, for example Welsh lessons in Wales.
 - ii) Lobbying universities to offer and subsidise non-compulsory sign language lessons for medical students.
22. NOTTS1000 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference is aware that there is a lack of inclusion of genocide prevention in the undergraduate public health medical curriculum. There is a clear role for health professionals in the prevention of genocide and such acts. Although this education is currently offered at a postgraduate level, it is necessary that this is taught to undergraduates since deaths from genocide and other such related public health issues are the highest cause of morbidity and mortality worldwide.
23. LEIC1000 **Motion** by LEICESTER MEDICAL SCHOOL This conference
- i) Would like to encourage use of a single NHS e-platform across all medical schools for production of e-portfolios
 - ii) Recognises that there are inconsistencies between medical schools in their approaches to teach students about professional development portfolios (PDP)
 - iii) Acknowledges the differences between the systems used for students to prepare their PDP portfolios
 - iv) Wants to ensure that all medical school curriculums contain teaching about producing professional development portfolio (PDP)
 - v) Would like the MSC to work with medical schools to design clear guidelines on creating career-relevant professional development portfolios that reflect GMC guidance
 - vi) Calls upon the MSC to lobby medical schools to provide continuing feedback on students' portfolios by appropriately trained tutors

24. CARD1000 **Motion** by CARDIFF MEDICAL SCHOOL This conference believes that current undergraduate exposure to pre-hospital medicine is not universal across medical schools and is generally insufficient and calls for:
- i) Medical schools to form better links with local pre-hospital services for the purpose of undergraduate medicine.
 - ii) Allocated sessions for pre-hospital medicine to be introduced within undergraduate training for example within acute care medicine modules.

WELFARE Health and Wellbeing

25. WELF1000 **Motion** by WELFARE SUBCOMMITTEE
This conference
- i) Recognises that medical students are at high risk of developing mental health conditions including but not limited to eating disorders, burn out, depression and stress
 - ii) Recognises that medical students with mental health conditions do not always come forward to ask for help or receive the support they need when they do come forward
 - iii) Recognises that one of the greatest barriers to students asking for academic, financial and emotional assistance is uncertainty of the information that the medical school will hold about them, if/how this information is shared within and beyond the faculty and if/how this may impact their future career
 - iv) Recognises that within medical school a large stigma persists surrounding mental health and that this prevents many students from coming forward to ask for help
 - v) Believes that medical schools need to equip medical students with tools to be able to cope with the inevitable stress, rather than only focusing on support after the event
 - vi) Calls upon the MSC to continue to work with the Medical Schools Council, the General Medical Council and/or other key organisations to:
 - a. Research and implement methods of stress reduction and mental health protection in medical students
 - b. Ensure that effective pastoral support is in place in every medical school with meetings timetabled to prevent clashes with other responsibilities of either the student or the tutor
 - c. Increase student awareness of the high prevalence and risk of mental health conditions in themselves and their colleagues
 - d. Increase transparency within medical schools of medical school policies, in particular relating to disciplinary procedures, transfer of personal information and examples of the aid they are able to give students who are suffering from health conditions e.g. examples of reasonable adjustments
 - e. Implement the GMC's best practice guidance produced by the GMC's Medical Student Mental Health Operation group when published
26. BIRM1000 **Motion** by BIRMINGHAM MEDICAL SCHOOL This conference believes there are many benefits to medical students having time protected within their timetable to pursue sports and other extra-curricular activities, including those relating to student wellbeing; and accepts that it can be challenging to provide protected Wednesday afternoons or equivalent for

students on clinical placements. Furthermore, this conference:

- i. Believes that protected time for extra-curricular activities for all medical students should be the 'gold standard',
- ii. Feels that a minimum standard should be introduced, whereby students in preclinical years are afforded the same protected time for extra-curricular activities as other university-based students at their university,
- iii. Mandates the MSC to call on the Medical Schools Council and other relevant stakeholders to introduce these standards.

Occupational Health

27. STAN1000 **Motion** by ST ANDREWS MEDICAL SCHOOL This conference recognises the fact that influenza can be a serious infectious disease, particularly among the vulnerable "at risk" groups with whom medical students and other healthcare personnel regularly interact. It is also recognised that influenza infections are capable of reaching pandemic proportions which could present a far more serious threat to human health and also result in widespread social disruption. Therefore, this conference calls for:

- i) Medical schools to ensure that access to the annual influenza vaccine is available to medical students, and that the benefits and risks of vaccination are publicised
- ii) Medical faculties and universities to produce and publish policy on local, faculty, operational procedures for during an influenza pandemic
- iii) The MSC and Medical Schools Council to continue to develop, agree, and publish guidance to medical schools and universities, on the development of local operational policy, for medical faculties, for during an influenza pandemic.

WORKFORCE

28. IMP1000 **Motion** by IMPERIAL MEDICAL SCHOOL With the implementation of the Health & Social Care Act, many changes are taking place in the coming months including widespread service reconfiguration and fragmentation of healthcare. One aspect which has been overlooked in this Act is the impact such changes will have on the training of junior doctors and medical students, who are key stakeholders in this system.

This conference:

- i) Calls upon the government to clarify the measures in place regarding the provision of training and resources for junior doctors and medical students.
- ii) Demands that the needs of junior doctors and medical students are specifically considered when making future decisions regarding service provision and reorganisation

Terms and Conditions of Service

29. SOUTH1000 **Motion** by SOUTHAMPTON MEDICAL SCHOOL This conference

- i) Recognises that there is a 28.6% pay gap between men and women among medical practitioners in UK;
- ii) Believes that the reasons for this are multi-factorial and include factors which affect women in other occupations such as geographical limitations and a 'hostile culture';
- iii) Recognises that currently only pay guidelines are published.

- iv) Calls for more research in this area and for lessons to be drawn from other healthcare professions where gender pay differences are closer to zero;
- v) Calls for the BMA to campaign for increased transparency of pay within the medical profession and to publish actual pay for jobs according to speciality, level and geographical area;
- vi) Calls for the BMA to lobby to policy makers for more measures aimed at eradicating this gender divide which is closing in many other professions but still persists in medicine.

30. BRI1000 **Motion** by BRISTOL MEDICAL SCHOOL This conference is deeply concerned to hear of regional pay cartels such as the South West Regional Pay Consortium, which aimed to take South West healthcare staff away from national terms and conditions, and instead create a regional pay system whereby pay, terms and conditions would be fixed locally. This would result in all NHS staff including doctors receiving cuts in holiday entitlement, increased working hours, reduced pay and reduced unsocial hours payments. This conference:
- i) Acknowledges that in George Osborne's 2012 Autumn statement he stated that national pay arrangements would continue.
 - ii) Applauds the contribution that the trade unions made in ensuring that regional pay cartels such as the South West Regional Pay Consortium will not be allowed to pursue plans for regional pay
 - iii) Acknowledges that such initiatives undermine nationally negotiated terms and conditions,
 - iv) Is concerned that this will lead to poorer staff morale and retention, and concerned of the impact that this may have on patient care,
 - v) Believe that NHS staff and patients deserve fairer treatment, and therefore this conference calls upon the BMA to lobby against such changes to nationally negotiated terms and conditions.
31. BELF1000 **Motion** by QUEEN'S UNIVERSITY BELFAST MEDICAL SCHOOL This Conference:
- i) Notes the recent ministerial statement on the recommendations made in the Review of Awards for NHS Consultants and publication of NHS Employers report on Junior Doctor's contracts, and in particular, the emphasis on a 7-day working week within the NHS.
 - ii) Is outraged that a target of April 2014 has been outlined for the implementation of changes to employee contracts, as it believes this does not give enough time for positive and constructive debate on such an important issue.
 - iii) We acknowledge that the NHS and the BMA hold patient care at the centre of everything that they do, and the demands on the health service are increasing as our population demographic alters. We recognise that extending the weekly operational hours to include weekends is one avenue to explore to serve these changing requirements.
 - iv) Raises concerns under which terms this would be implemented, and that there has been a lack of clarity from the department of health over this new proposal.
 - v) Calls on the BMA to obtain the exact terms from the department of health, and to renegotiate the deadline for consultation until such time that the terms can be fully explored by its members.

32. FIN1000 **Motion** by FINANCE SUBCOMMITTEE This Conference
- i) Notes that there has been a pay freeze for all doctors over the past three years
 - ii) Welcomes the steps by the GMC to not increase charges for the last two years
 - iii) Calls on the BMA to lobby for all professional organisations (including itself) to never increase any charges by a greater percentage than the annual pay increase given to doctors

HEALTH AND SOCIETY

33. BARTS1000 **Motion** by BARTHOLEMEW'S AND THE ROYAL LONDON MEDICAL SCHOOL This conference notes:
- i) The Health and Social Care Act (2012) now allows private companies to tender for the provision of public healthcare, rather than there being sole provision through the NHS.
 - ii) The motion in 2011 which acknowledges the dangers posed to postgraduate medical education by private companies.
 - iii) That opening the provision of healthcare to commercial organisations may impact undergraduate medical education and clinical placements.
- This conference believes that:
- i) The shift in provision towards open market competition represents a real and imminent threat to foundation and specialty training pathways, potentially limiting postgraduate training posts to a reduced number of NHS led services.
 - ii) That limiting the number of undergraduate placements and postgraduate training opportunities restricts learning and thus may be detrimental to patient safety.
 - iii) The closure of postgraduate deaneries and strategic health authorities removes many years of expertise and guidance in the management of postgraduate education.
 - iv) Involvement of private companies in undergraduate medical education is neither evidence-based nor free from the potential of harmful bias.
- This conference resolves to:
- i) Lobby the BMA to clarify and limit the role of private companies in medical education and postgraduate training and seek to protect existing high standards and lack of bias.
 - ii) Lobby the BMA to identify threats to postgraduate training in an open market and lobby government to maintain training posts, standards of excellence, and patient safety.

Public Health

34. MEDSIN1000 **Motion** by MEDSIN This conference:
- i) Understands that for the purpose of this policy statement 'comprehensive sexuality education'(CSE) is defined as seeking to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships.
 - ii) Recognises that access to high quality CSE can be viewed as a human right of young people noting that the UN convention on the Rights of the Child states that children and young people have the right to the highest attainable level of health, access to health facilities (Article 24), access to information that will allow them to make decisions about their health (Article 17), including family planning (Article 24). Young people also have the right to be heard, express

opinions, and be involved in decision making (Article 12). They have the right to education which will help them learn, develop and reach their full potential and prepare them to be tolerant towards others (Article 29).

- iii) Recognises that by providing young people with the opportunity to make positive decisions regarding their sexual and reproductive health, we empower them to achieve the highest levels of sexual, mental and physical health possible.
- iv) Supports the work of student groups such as Medsin-UK, Sexpression: UK and StudentStopAids as well as sexual health charities such as Brook in attempts to introduce CSE in the UK.
- v) Recognises the importance of medical students acquiring skills and experience in Health Education in the professional development of Medical Students and calls upon medical schools to recognise the achievement of their students in these areas.
- vi) Condemns any government move to scale back Sex Education services in the UK or the introduction of ineffective “abstinence-only” programmes which can be harmful to young people.
- vii) Calls upon the BMA to lobby the UK government to mandate that Comprehensive Sexuality Education is compulsory for all UK schools students.

THE BMA Student Membership

35. MANC1000 **Motion** by MANCHESTER MEDICAL SCHOOL This conference
- i) Recognises that a strong and active grassroots membership is essential for successful campaigning, but that students often lack the skills with which to carry out BMA/MSc policy at a grassroots level.
 - ii) Calls upon the BMJ to provide online resources to help with campaigning e.g. lobbying decision makers such as medical school staff, MP's and CCG's.
 - iii) Calls upon the BMA to run training for MSC and ISC reps in campaigning skills e.g. Lobbying, media relations, grassroots organising etc (including but not exclusive to campaigning against NHS cuts and privatisation)
 - iv) Calls upon the BMA to run training open to all medical students in campaigning skills e.g. Lobbying, media relations, grassroots organising etc (including but not exclusive to campaigning against NHS cuts and privatisation)
 - v) Calls upon the BMA to offer each medical school a minimum of £50 to fund campaigns that fall under BMA/MSc policy. (Not necessarily in the form of cash e.g. sending posters and flyers directly)
 - vi) To work in collaboration with NUS and local students' unions where appropriate in campaigning against NHS cuts and privatisation.

MISCELLANEOUS

36. SMSC1000 **Motion** by SCOTLAND MEDICAL STUDENTS COMMITTEE This conference:
- i) Notes that the Scottish Government plans to hold a referendum in 2014 on whether or not Scotland should become an Independent country
 - ii) Believes that the British Medical Association should remain politically neutral in the debate over whether or not Scotland should become an Independent country

- iii) Recognises that if Scotland were to become an Independent country, this could have a significant impact on how doctors are represented in Scotland and the rest of the United Kingdom
- iv) Calls on the British Medical Association to investigate and seek advice on what this impact might be, and to produce details of the various options prior to the referendum being held

Debating Part 2 of the Agenda Saturday, 6 April 2013.

DEBATING PART 2 of the AGENDA

**MOTIONS FROM
WORKSHOPS**
In this section
any motions
generated from
workshops on
Friday 5 April
will be
debated.

**BALLOTTED
MOTIONS**
In this section
the five motion
from Part Two of
the Agenda
achieving the
highest number
of votes in the
ballot on Friday
5 April will be
debated.

FINANCE

37.

CARD1002 **Motion** by CARDIFF MEDICAL SCHOOL This conference:

- i) Believes that the existing system to claim travel expenses incurred on medical placements through the Student Loans Company is not made sufficiently clear, with employees of the company itself confused as to the process when students call their premium rate number.
- ii) Calls on the Student Loans Company to produce clearly published guidelines as to how medical students should complete travel expense claims forms.

38.

SHEF1001 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference is concerned by the financial barriers facing prospective medical students during preparation and application to medical school. It believes such costs deter individuals from low socio-economic and widening participation backgrounds from studying medicine.

- i) This conference calls upon the UKCAT Consortium in partnership with Pearson VUE to reduce the test fee for the UKCAT and provide clear application and guidance regarding bursaries
- ii) This conference calls upon UK Medical Schools to provide funding for travel expenses for widening participation and low income students to visit medical school open days and admissions interviews
- iii) This conference calls upon UK Medical Schools to provide widening participation and low income students with funding for necessary equipment such as lab coats and dissection kits upon starting their course

39.

SOUTH1005 **Motion** by SOUTHAMPTON MEDICAL SCHOOL This conference recognises that students are under increased pressure to improve their employability and CVs by pursuing publications, presentations and attending courses. However it is concerned that the high monetary cost of these is a significant barrier to many students and disadvantages those who do not have access to financial support from family. These high fees threaten the widening participation agenda and therefore this conference calls on the BMA MSC to:

- i) Raise awareness of the hidden costs of studying medicine
- ii) Lobby conferences by professional bodies including the Royal Colleges to significantly lower their student fees for conferences and courses
- iii) Lobby medical schools and universities to provide financial support to enable students to present or publish research without having to use their own money
- iv) Ask professional organisations to recognise the financial hardship faced by medical students by subsidising student membership and fees to a much greater extent

39a.

NOTTS1001 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference is particularly concerned that funding is not always allocated to support and encourage medical students to publish research in journals and to present research at national/international levels.

40. SWAN1001 **Motion** by SWANSEA MEDICAL SCHOOL This conference
- i) Is aware of the ever increasing discrepancy between higher tuition fees and available loans for graduate medical students on undergraduate and graduate medical courses
 - ii) Calls upon the Department of Health and BMA to assess the situation and campaign for graduate students to access all loans made available to school leavers applying for medicine
41. EDIN1003 **Motion** by EDINBURGH MEDICAL SCHOOL This conference
- i) Finds the delays to NHS Student Bursary payments for academic year 2012-13 unacceptable, as well as a preventable cause of medical student hardship
 - ii) Recognises that NHS Student Bursaries currently require 36 months worth of financial evidence of earnings as proof of a student's independent status. Gathering such evidence can be time consuming and difficult particularly for graduate and non-conventional entrants to medicine, causing subsequent delays to payments
 - c) Calls for the BMA to lobby NHS Student Bursary using student case studies from this academic year, to improve their means testing process for independent students and to highlight the magnitude of financial hardship created by delays in the process
42. MANC1001 **Motion** by MANCHESTER MEDICAL SCHOOL This conference has the following expectation(s) of all providers of Government funding for students:
- i) They should be readily accessible at little or no cost, including outside of standard working hours.
 - ii) That accuracy is of paramount importance in all matters of administering student finance and that any errors should be acknowledged in an open and honest way.
 - iii) That all deadlines should be appropriate and give clear indication to the student when the matter will be dealt with by.
 - iv) That in the event of an overpayment that is solely on the part of the funding body, the student be entitled to retain any of the funds that have already been transferred to them, in order to prevent hardship on the part of the student, and incentivise accuracy on the part of the provider.
43. KCL1005 **Motion** by KINGS COLLEGE LONDON This conference:
- Notes
- i) That medical students are under significant financial pressure due to factors such as a long training period, limited time for part time employment and course costs – especially in the latter, clinical years of the course e.g. clinical electives.
 - ii) From the fifth year of study medical students are eligible for NHS Bursaries which significantly reduce the maintenance loan students are eligible for.
- Believes
- i) That there is no good reason for this reduction in living income in the later years of the course when, if anything, cost of living will have increased compared to earlier years when more funding was provided
 - ii) Students are still being put off from applying to medicine courses and, in some cases, being forced to withdraw from programmes for financial reasons.

Resolves

- i) That the MSC should lobby NHS Bursaries, the Student Loans Company and the Government to re-think the funding arrangements for health courses and medicine in particular.
- ii) That, in the meantime, the MSC should seek an interim arrangement where the Student Loans Company should continue to offer full rate, means tested or otherwise, maintenance loans to students whose fees are paid by NHS Bursaries.

44. NOTTS1005 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference is particularly concerned that medical students are not always reimbursed for the cost of travel to placements outside their University base. Therefore, it is proposed that a fair and clear procedure is put in place for this to happen.

THE FOUNDATION PROGRAMME AND FURTHER TRAINING

Application to the Foundation Programme

45. PMS1001 **Motion** by PENINSULA MEDICAL SCHOOL This conference:
- i) Recognises the hard work of the MSC during the creation and implementation of the Situational Judgment Test (SJT).
 - ii) Recognises the importance of allowing extra time for students who require it in the SJT.
 - iii) Is disappointed with the incorrect allocation of extra time for students sitting the SJT at Peninsula College of Medicine and Dentistry (PCMD) due to an administrative error.
 - iv) Is disappointed with the handling of the situation by the UK Foundation Programme Office (UKFPO), but acknowledges the difficulty in resolving the issue.
 - v) Calls upon the BMA MSC to lobby the UKFPO to ensure this does not happen again by
 - a. Incorporating a check system with students allocated extra time prior to the start of the SJT.
 - b. Creating an approved process for students to be compensated following the SJT in this circumstance.
46. IMP1001 **Motion** by IMPERIAL MEDICAL SCHOOL Traditionally medical students experience a limited or sheltered portrait of illness and healthcare in the affiliated hospitals of their medical schools. This may lead to a lack of exposure to learning opportunities offered by other deaneries throughout the UK. This could adversely influence subsequent preference of UKFPO deanery as well as compromise knowledge of the NHS as a whole.
- This conference calls upon medical schools to:
- i) Consider the implementation of a short attachment at a different deanery of the student's choice during their clinical training.
 - ii) Educate students regarding the opportunities available throughout the UK to enable students to make an informed choice regarding their Foundation Programme applications.

47. BARTS1004 **Motion** by BARTHOLEMEW'S AND THE ROYAL LONDON MEDICAL SCHOOL This conference notes:
- i) That since 2012, the Foundation Programme Application Scheme (FPAS) has included an educational performance measure (EPM) as part of medical students' applications for foundation posts.
 - ii) That part of the EPM is determined by a 'medical school performance' element which constitutes 43% of the overall application and may have a significant impact on the outcome of an application.
 - iii) That the way the EPM is measured at different medical schools varies to fit in with their different modes of assessment throughout the curriculum.
 - iv) That many medical schools have consulted or collaborated with their students on what criteria should determine the EPM.
 - v) That several schools have not undertaken any form of student consultation and have imposed criteria for the EPM without taking students' views into account.
- This conference believes:
- i) That all students should have the option to have their say in how they are assessed for FPAS.
 - ii) That consultation with students on this issue should be undertaken at all medical schools.
- This conference resolves:
- i) To support all students in appealing to have their opinions on this issue heard at their respective medical schools.
 - ii) To mandate the MSC to lobby medical schools to undertake meaningful student consultation when forming EPM criteria.
48. KCL 1002 **Motion** by King's College London This conference:
- i) notes that UK medical education includes a period of foundation training before medical graduates achieve registration with the GMC and a license to practise independently.
 - ii) notes the recent changes to the FPAS, including the introduction of decile ranking of a candidate's academic performance.
 - iii) also notes that, in contrast to other countries, the UK has no national exit exam for graduation from medical school, making a true comparative ranking of candidates' academic performance across medical schools difficult.
 - iv) resolves that the BMA and the MSC should lobby the GMC to put in place a UK-wide standardised exam set against necessary competencies to enable candidates across all medical schools to be ranked against one another for FPAS. As it is believed that this would assist in standardising curriculums across medical schools, eliminating the wide variation that currently exists.

EDUCATION

49. EDU1001 **Motion** by EDUCATION SUBCOMMITTEE This conference recognises that decile rankings are used by the UKFPO as an indicator of performance at medical schools and:
- i) Is pleased that each medical school varies in their examinations
 - ii) Believes that students should be widely consulted about which examinations should be included in their decile ranking
 - iii) Believes that students should be informed at an early stage as to which assessments will be included and their relevant weighting
 - iv) Calls for the BMA MSC to lobby appropriate bodies to encourage medical schools to provide a fair and transparent method of calculating decile ranking

50. EDU1002 **Motion** by EDUCATION SUBCOMMITTEE This conference notes the recent introduction of the Situational Judgement Test and:
- i) Recognises that as a new assessment method this is an opportunity for companies to exploit students who are trying to prepare themselves for the test
 - ii) Notes that the exam is designed to be one which students cannot specifically revise for
 - iii) Believes that the BMA E-learning module and the UKFPO practice paper are the only two reliable and valuable resources for preparation for this test

Admissions & Widening Participation

51. SOUTH1001 **Motion** by SOUTHAMPTON MEDICAL SCHOOL This conference
- i) Recognises the maturity, skills, and experience that graduates bring to medical programmes;
 - ii) Believes that current medical students are being asked to commit to a career which requires great responsibility, empathy and understanding of society at an insufficiently mature age;
 - iii) Recognises that graduate entry programmes open up the profession to those from current non-traditional backgrounds, and from groups that may otherwise be under-represented;
 - iii) Overall recognises the benefits that doctors completing these programmes offer to medicine
 - iv) Calls on the BMA to lobby the government to make medicine solely a graduate-entry course in the United Kingdom.
52. WELF1001 **Motion** by WELFARE SUBCOMMITTEE
This conference
- i) Recognises that the increase in tuition fees may detract medical school applicants from low income backgrounds
 - ii) Acknowledges that having doctors from low income backgrounds is essential for the medical profession to proportionally represent those whom they treat and recognises that these doctors are a great asset to our profession
 - iii) Calls on the BMA to lobby to ensure that adequate bursaries are in place to ensure that students from low income backgrounds are not deterred from applying to study medicine in the UK
 - iv) Calls on the BMA to lobby to ensure medical schools provide and promote access to bursaries / grants
53. STAN1001 **Motion** by ST ANDREWS MEDICAL SCHOOL This conference recognises that due to the exceptional quality of the medical training available, it has become desirable for foreign students to attend medical school in the UK. It also recognises that many international students pay extortionate tuition fees, and may be seen as revenue-generating entities, with many medical schools exceeding their 7.5% cap on international student numbers. Therefore, this conference calls for
- i) Medical schools to limit arbitrary tuition fee increases for international students in order to offer places based on merit and diversity to both foreign and domestic/EU students
 - ii) The MSC and Medical Schools Council to establish a standardised increase rate applicable to all medical schools, noting that inflation and current economic trends may influence this rate.

54. LEIC1002 **Motion** by LEICESTER MEDICAL SCHOOL This conference
- i) Recognises the existing issues regarding widening participation into medical schools
 - ii) Believes that medical schools need more guidance on schemes to encourage those from lower socioeconomic backgrounds to apply for medicine
 - iii) Recognises that medical schools need to encourage applications from a diverse range of socioeconomic backgrounds by utilising the national mentoring programme in conjunction with local state schools
 - iv) Calls for the responsibility for the instigation of widening participation programmes to be taken by medical schools with less reliance on student initiative
 - v) Asks the MSC to produce a guide for medical schools to encourage those from lower socioeconomic backgrounds to enter medicine

Academic Standards, Quality & Resources

55. KCL1003 **Motion** by KINGS COLLEGE LONDON This Conference
- i) Notes that the last GMC Quality Assurance Report of King's College London School of Medicine from 2008 totalled the number of students studying medicine at King's College London to be approximately 2500, making it one of the largest in the country.
 - ii) Also notes the report's finding that some students were reportedly discouraged from attending wards and clinics during their first clinical year due to the high student numbers already present.
 - iii) Therefore urges King's College London School of Medicine to consider a reduction in the size of the medical school intake in future years to ensure a better clinical experience for students in years 3-5.
56. LEIC1003 **Motion** by LEICESTER MEDICAL SCHOOL This conference
- i) Recognises that medical students in their clinical rotations may be situated away from the medical school and thus incur difficulties accessing library and other learning resources;
 - ii) Is concerned that some medical schools currently allow four week loans on books with the caveat that should books be requested by other students they must be returned within one week
 - iii) Is worried that the students must pay the postage charges, in addition to penalty charges, should the book be returned late
 - iv) Calls upon the MSC to work with medical schools to arrange special borrowing circumstances for those students away on placements
57. SOUTH 1003 **Motion** by SOUTHAMPTON MEDICAL SCHOOL This conference
- i) Recognises the great variability between medical student clinical placements- both within each medical school, and between schools;
 - ii) Believes that this results in significant variability in student experience and knowledge and fears this prevents optimum student clinical experience;
 - iii) Calls for the BMA to campaign for greater standardisation of clinical placements within medical schools and between schools- as far as logistically possible;
 - iv) Calls for the BMA to conduct research into ways in which current placements can be more standardised, possibly with the use of individual case studies.

58. SHEF 1003 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference is concerned that there is significant variability between and within medical schools in terms of medical student engagement with, and participation in, the healthcare multidisciplinary team. It believes that more emphasis should be put on members of the MDT to allow and encourage students to gain experience that will ease their transition into the foundation programme. This conference therefore calls on the BMA MSC to:
- i) Survey medical students on opportunities for engagement with and participation in MDTs
 - ii) Work with professional bodies of other healthcare professionals to suggest defined roles for medical students within MDTs
 - iii) Lobby the Medical Schools Council to incorporate these suggestions into clinical placement provision
59. CAMB1001 **Motion** by CAMBRIDGE MEDICAL SCHOOL This conference believes that private medical schools are not in the best interests of the British public, the UK medical profession and the public perception of and trust in doctors. This conference calls on the BMA to lobby the GMC to not ratify private medical schools.
60. HYMS1004 **Motion** by HULL YORK MEDICAL SCHOOL This conference believes that medical students in all stages of their undergraduate training should have Wednesday afternoons protected from teaching to enable medical students to pursue extracurricular and academic activities.
61. BRI1002 **Motion** by BRISTOL MEDICAL SCHOOL This Conference: Feels the ranking of medical schools by independent sources is inadequate and inaccurate. There should be an official ranking of medical schools by informed sources which include specific and relevant data. This Conference calls for the ranking of medical schools to be improved by
- i) A GMC certified survey given to medical students nearing the end of their undergraduate degree.
 - ii) Using relevant questions covering subjects such as the course, career prospects, opportunity for research, student feedback.
 - iii) Analysis of the results by a governing body comprised of medical health and education professionals.
 - iv) Publication of results ensuring people recognise that this ranking of medical schools has been properly authenticated by the GMC.
62. BRI1005 **Motion** by BRISTOL MEDICAL SCHOOL This conference:
- i) Condemns the presence of sexually inappropriate behaviour and use of such language between medical professionals.
 - ii) Notes that "medical schools should have clear policies, guidance and action plans for tackling discrimination and harassment, and for promoting equality and diversity generally." (GMC's Tomorrow's Doctors, 2009)
 - iii) Is concerned that medical students can be subject to such lewd behaviour from their medical colleagues, and feel there is often no action that they can take. Thus, this conference resolves that:
 - i) no medical student should be subject to such lewd behaviour,

- ii) if a medical student is subject to such behaviour they should feel able to report it to their medical school,
- iii) addresses sexism within teaching and clinical environments.

63. BARTS1005 **Motion** by BARTHOLEMEW'S AND THE ROYAL LONDON MEDICAL SCHOOL This conference notes that due to cuts in funding for higher education, provision of learning resources in some medical schools have been compromised (in particular the ones that are more independent from their parent universities). These learning resources include but are not limited to library facilities, laboratory space, lecture theatres and online journal access. This conference believes:
- i) That such learning resources should be protected.
 - ii) That there is a duty to undertake appropriate student consultation during major decisions about resources.
 - iii) That the relevant student representatives such as the student association president, MSC reps and the relevant internal student-staff discussion body should be consulted prior to any changes in the provision of learning resources.
 - iv) That by enforcing a period of consultation, students will have greater control over their learning resources.
64. NEW1001 **Motion** by NEWCASTLE MEDICAL SCHOOL This conference
- i) Feels that medical schools should be required to keep to their own deadlines when, rightly, imposing severe penalties on students missing deadlines
 - ii) Calls on the MSC to work with the Medical Schools Council to implement this at all medical schools
65. UCL 1001 **Motion** by UNIVERSITY COLLEGE MEDICAL SCHOOL This conference
- i) Understands unsocial hours refers to hours worked outside of what are considered to be normal working hours. These include shift work, weekends and work beginning before 7am or continuing after 6pm.
 - ii) Understands that evening, night and weekend shifts are considered compulsory elements of many medical schools' curriculum.
 - iii) Acknowledges that these sessions provide valuable learning experiences, which are difficult to emulate through other activities.
 - iv) Wishes other responsibilities medical students have outside of their course, including other employment, childcare and extracurricular activities to be acknowledged.
 - v) Requests that medical schools respect their students by allowing them a minimum of 7 days notice of compulsory activities which would fall within unsocial hours.

Intercalated BScs & Other Degrees

66. LIV1001 **Motion** by LIVERPOOL MEDICAL SCHOOL This conference believes that there is confusion amongst medical students regarding the cost of different intercalated degrees (BSc, MRes, MPhil) and the different funding available. This Conference:
- i) Calls for Universities to provide clearer information to prospective students regarding cost.
 - ii) For the BMA to compile a definitive guide on the cost and available funding for students wishing to intercalate.

Assessment and Feedback

67. SWAN1004 **Motion** by SWANSEA MEDICAL SCHOOL This conference:
- i) Appreciates that graduate entry medicine is competitive and demanding, by successfully gaining a place on the course, graduate entry medical students have shown themselves to be mature, committed and motivated
 - ii) Is aware that to succeed in their previous degree, graduate-entry students may have identified the most effective way to learn. This may or may not be via attending lectures
 - iii) Calls on the BMA and MSC to ensure that medical schools recognise that graduate entry students are independent adults, and have the experience and responsibility to use their time as wisely as they see fit, even if it means not attending lectures when they deem that that time could be better spent elsewhere.
 - iv) Calls on the BMA and MSC to stop attendance policies on lectures on graduate entry medical courses
68. BSMS1001 **Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference
- i) Recognises that receiving effective and timely feedback is integral to the learning process and a tool to measure understanding and application
 - ii) Recognises that various feedback methods are used by and across UK medical schools however many medical students feel dissatisfied with the quantity and/or quality of feedback they receive on written and practical exams, placements and course work
 - iii) Believes that medical schools have a responsibility to their students to give effective and timely feedback on all forms of assessment
 - iv) Calls upon the MSC to continue to work with the Medical Schools Council, the General Medical Council and/or other key organizations to:
 - a. Enable and assist all medical schools to complete a "Feedback" survey whereby students can indicate what aspects of their schools' feedback systems require improvement
 - b. Research and share good feedback practices (specific to medical education and training) with medical schools and give advice on how they can implement changes to their feedback systems (e.g. how to train markers and supervisors to give effective feedback)
 - c. Insist medical schools deliver a high and consistent standard of feedback which, among many things, takes into account the differing learning needs of students at each phase of their educations
 - d. Follow up on medical schools who do not improve their feedback systems
 - e. Encourage medical schools to support students to critique their own work or that of their peers whenever possible.

69. KCL1001 **Motion** by KINGS COLLEGE LONDON This conference:
- i) Notes the positive student response to the introduction of “Hot Feedback” at King’s College London Medical School.
 - ii) Believes that OSCEs can be daunting, especially to students in early years with little experience of this examination format.
 - iii) Believes that, without individualised, written feedback from each station, it can be difficult for students to appreciate where they performed well or poorly.
 - iv) Resolves that the MSC should encourage medical schools to provide individualised, written feedback from each OSCE station.
 - v) Resolves that the MSC should encourage medical schools to use OSCEs only as formative learning experiences in the pre-clinical years.
70. KCL1004 **Motion** by KINGS COLLEGE LONDON This conference:
- i) Recognises the value of student selected components (SSCs) as a central component of Medical Education.
 - ii) Supports its strong weighting in the calculation of the FPAS educational performance measure.
 - iii) Believes there is considerable variation in SSC supervisors expectations of the standard of work students should be producing and that this leads to inconsistency in marking.
 - iv) Resolves that the MSC should lobby the GMC to ensure that double marking and moderation occurs for all assessed SSC work.
 - v) Resolves that the BMA should produce guidance to medical schools on appropriate training of SSC supervisors, particularly for clinicians who may not be used to assessing written work.
71. NOTTS1004 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference reinforces the need for adequate consideration into medical student feedback regarding teaching and examinations with issues raised being dealt with appropriately.
72. ABN1003 **Motion** by ABERDEEN MEDICAL SCHOOL This conference notes that peer education
- i) Is an effective way of learning at medical school, and can increase the skills set of those leading the teaching sessions.
 - ii) Forms and strengthens working relations across all years of medical schools
- This conference calls on the BMA Medical Students Committee
- i) To work with medical schools to recognise the role of peer education
 - ii) To support the development of such schemes at medical schools

Core curricular component

73. SOUTH1002 **Motion** by SOUTHAMPTON MEDICAL SCHOOL This conferences
- Believes that an individual's faith, religion and culture can be pivotal in decisions they make, including difficult and life-altering decisions relating to their health;
 - Recognises that 43% of the UK population believe in some form of religion;
 - Considers teaching surrounding religion, faith and culture to be significantly limited across medical courses in the United Kingdom.
 - Calls for the BMA to lobby the GMC to create units within the medical course to teach the reasoning and beliefs of major UK religions, and the decisions these faiths may lead a patient to make.
74. SWAN1005 **Motion** by SWANSEA MEDICAL SCHOOL This conference:
- Acknowledges that the number of people who self-define as trans* is increasing;
 - Is concerned at the recent "TransDocFail" Twitter hashtag, which brought to public attention the stories of many trans* people who have experienced horrific treatment by the medical profession
 - Is worried that without adequate training and exposure to trans* health issues, this will not change in the near future
 - Calls on the BMA and MSC to encourage medical schools to include teaching about trans* health issues into the curriculum.
75. KEELE1004 **Motion** by KEELE This conference
- Recognises the importance of rational decision making about diagnosis and treatment during consultation training of medical students
 - Acknowledges that medical students cover communication skills alongside knowledge based skills in their respective medical school curricula.
 - Believes that safe practice – a serious component of rational decision making - is overlooked
 - Calls for a debate on whether patient safety should be taught as a clinical skill (i.e. teaching acquisition of safe consulting practices, such as "always excluding the worst, first" when assessing a patient).
76. CARD1001 **Motion** by CARDIFF MEDICAL SCHOOL This conference recognises that good venepuncture skills are a core component of the skill set essential for every junior doctor and believes that:
- Students can from choice/situation miss out on valuable opportunities for taking blood in a clinical setting leading to a lack of confidence.
 - Students would benefit in skill and confidence from the introduction of optional sessions spent with hospital phlebotomists/ phlebotomists working within their local blood services during free periods.
 - The BMA should look to encourage/ further links with local blood services and hospitals to build such a service.
77. NOTTS1002 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference is concerned about the importance of Information Governance, which should be incorporated into the current undergraduate medical curriculum. Research shows the link between sub-standard legibility and content of entries into medical notes and confusion amongst the medical team. E.g. entries of blood culture results from microbiology.

78. NOTTS1003 **Motion** by NOTTINGHAM MEDICAL SCHOOL This conference is concerned about is the lack of appropriate training to communicate effectively over the telephone and other such devices. This is overlooked and junior doctors answer majority of phone calls in a ward. The information communicated through the phone could be missed or recorded incorrectly if not comprehended by the person answering.
79. GLAS1003 **Motion** by GLASGOW MEDICAL SCHOOL This conference:
- i) Notes that psychiatric disorders are common and will cause an increasing burden of disease in the future.
 - ii) Recognises that all students will be expected to have knowledge of psychiatric disorders during their working lives.
 - iii) Believes that students should receive adequate teaching in the diagnosis and management of common psychiatric disorders.
 - iv) Calls on the BMA to ensure an adequate and consistent level of psychiatry teaching across medical schools in the UK.

Careers Support

80. SOUTH1004 **Motion** by SOUTHAMPTON MEDICAL SCHOOL Given the variety and competitive nature of many medical disciplines, this conference is concerned that medical students who do not receive career guidance may be disadvantaged particularly if they are not aware of early steps that can be made whilst attending medical school. This house believes that:
- i) All medical schools should provide adequate career guidance in a timely manner to which medical students can act upon;
 - ii) Calls upon the BMA to provide a model by which medical schools can provide a one-to-one service, through which students can, where appropriate, be filtered to suitable mentors within their field.
81. KEELE1003 **Motion** by KEELE This conference;
- i) Recognises the wide range of career choices that medicine offers.
 - ii) Believes that those in the pre-clinical years are not being supplied with adequate information about non-medical career choices.
 - iii) Believes that education about careers outside the medical profession would benefit medical students.
 - iv) Believes that given the current shortages in available foundation posts, it would be useful for students to know their options should they fail to get one.
 - v) Calls for the BMA to work with medical schools in providing information about careers outside of the medical profession.
 - vi) Believes the above may include visits from employers seeking graduates with medical training.

82. WMSC1002 **Motion** by WALES MEDICAL STUDENT COMMITTEE This conference recognises the importance of understanding future career options at an undergraduate level and the value of an early professional interest and awareness of current postgraduate structures, and believes that:
- i) The current information given to undergraduate students is subjective and in some schools insufficient.
 - ii) Such a lack of generic guidance and awareness of existing guidance could be overcome through career planning workshops and the development of student-friendly career guides.
 - iii) Calls on the BMA to produce such a career guide explaining existing structures for both generic postgraduate training and specialty pathways to include advantages and disadvantages of the differing specialities and to include career planning tips for students at medical school.
83. IMP1002 **Motion** by IMPERIAL MEDICAL SCHOOL This conference:
- i) Recognises the benefits of career planning at an early stage of medical training, which raises awareness of what is required in order to succeed in a particular specialty
 - ii) Recognises the benefits of mentorship in achieving this insight.
 - iii) Notes that the current system of 'tutorship' adopted by most medical schools is inadequate for matching students to their ideal mentor.
- This conference calls upon medical schools to:
- i) Offer a user-friendly network of senior mentors who can offer career guidance and research opportunities.
 - ii) Develop within this network, pools of opportunities that match students with mentors based upon their interests and aspirations.⁸¹.
84. GLAS1002 **Motion** by GLASGOW MEDICAL SCHOOL This conference:
- i) Notes that with increasing competition for admission into postgraduate training programmes across all specialties, medical students are in constant need to improve personal competitiveness to get into their preferred programmes.
 - ii) Believes that the current amount and quantity of advice given to medical students from medical schools is not standardized across UK medical schools.
 - iii) Is concerned that this may leave students ill-informed to take appropriate measures to improve personal competitiveness.
 - iv) Calls on the BMA to push for medical schools to offer individual career advice to any interested students

WELFARE

85. WMSC1006 **Motion** by WALES MEDICAL STUDENT COMMITTEE This conference agrees that access to a car in undergraduate medicine, especially in larger deaneries, is a great convenience. However, car purchase and running costs are prohibitive for some students, forcing them to rely on lengthy public transport means. This conference:
- i) Agrees that a high proportion of medical students already travel to distant placements by car, often informally sharing lifts with fellow students to reduce petrol costs
 - ii) Calls on medical schools to routinely make placement group lists available in advance so that travel arrangements can be better planned
 - iii) Calls on medical schools to allocate long distance placements on the basis of willing drivers/passengers, saving money for all students involved and avoiding dependence on public transport.
86. PMS1003 **Motion** by PENINSULA MEDICAL SCHOOL This conference:
- i) Acknowledges the need for appropriate holiday provision to allow for rest and revision purposes.
 - ii) Notes the varying holiday lengths experienced by students at different medical schools.
 - iii) Believes that all medical students, regardless of school, should be provided with a standardised period of holiday in any academic year.
 - iv) Calls upon the BMA MSC to lobby the Medical Schools Council and other relevant bodies to standardise the period of holiday for all medical students.
87. MANC1004 **Motion** by MANCHESTER MEDICAL SCHOOL This conference believes that exam halls should have a minimum temperature level (equivalent to the minimum temperature for a school to be open.) Therefore this conference mandates MSC to lobby the Medical Schools Council, universities and other relevant stakeholders for the introduction of this standard.
88. GLAS1001 **Motion** by GLASGOW MEDICAL SCHOOL This conference:
- i) Believes that medical students must dress professionally, be clearly identifiable, and comply with local guidelines on dress code when in clinical areas
 - ii) Does not believe that a standardised medical student uniform is needed in order to meet these requirements
 - iii) Calls on the medical student committee to oppose the introduction of a uniform for medical students

Fitness to Practise

89. KEELE1001 **Motion** by KEELE This conference
- i) Recognises the importance of identification and prompt remediation of unprofessional behaviour in medical students.
 - ii) Recognises the role of the General Medical Council in outlining professionalism guidelines for medical students and influencing how medical schools discipline students.
 - iii) Recognises a student perception of the disciplinary power schools hold and the impact this has on open and honest feedback.
 - iv) Notes anecdotal reports that some schools use professionalism discipline as a

threat to enforce issues tenuously linked to student professionalism.

- v) Calls upon the MSC to lobby the General Medical Council to clarify circumstances where students can be disciplined for professionalism issues and the long term career impact this may have.

Health and Wellbeing

90. BSMS1002 **Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference
- i) Recognises the importance of adopting and maintain healthy eating habits early in life for the immediate and long-term well being of medical students
 - ii) Recognises that time pressures mean many medical students do not apply this knowledge into practice
 - iii) Recognises that that doctors who enjoy healthy lifestyles are more likely to engage in health promotion practices with their patients
 - iv) Recognises some medical schools' cafes and vending machines—highly accessible sources of food to students— offer a disproportionate amount of unhealthy snacks and food compared to healthy ones.
 - v) Believes that medical schools are responsible for providing students with the opportunity to make healthy food choices at their teaching buildings and centres.
 - vi) Calls upon the MSC to continue to work with the Medical Schools Council, the General Medical Council and/or other key organisations to:
 - a. Increase students' sense of self-efficacy by organising lectures or talks on a local level to teach medical students specific skills (e.g. time management, stress reduction skills) that will help them adopt and maintain healthy eating habits
 - b. Enable and assist all medical schools to complete a food survey with the two-fold aim of ranking each medical school according to the quality of their selection of affordable healthy food and giving feedback to low scoring medical schools
 - c. Encourage medical schools to obtain student feedback on the types of healthy foods they like and to work closely with catering companies and vendors to tailor their menus and food selection to student preferences
91. BSMS1005 **Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference
- i) Recognizes that cycling is the main mode of transportation for many medical students to and from university or hospital teaching centres
 - ii) Recognizes cycling as an eco-friendly, fast and economic mode of transportation and supports cycling among medical students as it promotes regular physical activity important for cardiovascular and mental health.
 - iii) Notes that there are a 19,000 cyclists killed or injured annually in the UK according to reported road accidents.
 - iv) Believes that medical schools with their universities have a responsibility to their students to reduce the possible risk of students becoming involved in cycling accidents and to maximize the safety of the roads most travelled by students to reach their teaching buildings and centres.
 - v) Calls upon the MSC to work with the Medical Schools Council and other key organizations to:
 - a. Encourage medical schools to regularly obtain student feedback on safety conditions of local roads and junctions in and around campus or university buildings

- b. Encourage medical schools with their universities to lobby to or partner with local councils to achieve road improvements, such as more favourable road layouts, wider cycle lanes and enhanced cycle networks
- c. Encourage medical schools to promote cycle safety by: (1) giving cycle safety talks early in the course (2) posting safety advice and information about local cycle accidents on university websites and student intranet, (3) Discouraging students from cycling to school on high-risk days via early-morning emails or text messages

Bullying, Harassment & Discrimination

92. SWAN1003 **Motion** by SWANSEA MEDICAL SCHOOL This conference:
- i) Acknowledges that anonymous reporting of student concerns adopted by medical schools can lead to malicious and unreasonable claims made against fellow students.
 - ii) Calls upon the BMA MSC to investigate the issue and encourage a better way to deal with concerns about peers which is more transparent to discourage misuse of the system.
93. HYMS1001 **Motion** by HULL YORK MEDICAL SCHOOL This conference believes that:
- i) History has shown us the importance of doctors having a conscience in the practice of medicine and that patients (or patient groups) should not be unfairly discriminated against
 - ii) Doctors should not be coerced/forced to take part in acts that compromise their integrity/beliefs
 - iii) Asking doctors to perform acts that compromise their integrity would reduce the diversity of applicants to medical school
 - iv) GMC advice from 2008 lays out a fair structure and framework by which conscientious objection should be approached/practiced
 - v) Any reduction in the freedom of doctors to express conscientious objection is entirely inappropriate

Accommodation

94. BSMS1003 **Motion** by BRIGHTON & SUSSEX MEDICAL SCHOOL This conference:
- i) Recognises that some medical students have different start and end term dates than students from other courses at the same university
 - ii) Recognises that tenancies offered by some university housing offices run for fixed time periods that do not take into account medical students' term dates so medical students are greatly disadvantaged financially and academically
 - iii) Recognises that short-term accommodation rental is not ideal due to the expense and problematic nature of the dates, eg finals exams
 - iv) Recognises that some university housing offices rent-out student accommodation rooms to the public (e.g. persons attending conventions) during the summer vacation period and that the university profits from this business
 - v) Believes that student accommodation should be first and foremost there to serve the best interests of the student and that students should not be disadvantaged by profitable university schemes
 - vi) Calls upon the MSC to continue to work with the Medical Schools Council and universities to:

- a. Ensure that student accommodation is available to all medical students for the entirety of their academic terms
- b. Put the needs of students before profit making enterprises

WORKFORCE

95. MANC1003 **Motion** by MANCHESTER MEDICAL SCHOOL This conference
- i) Recognises the important financial and social contribution that international medical students make to our medical education system
 - ii) Calls upon the BMA to establish links with its equivalent medical organisations in the main countries that international medical students reside in with the purpose of facilitating their return upon graduation
 - iii) Calls upon the BMA to create online resources to help international medical students return to their home countries following graduation

HEALTH AND SOCIETY

96. LIV1002 **Motion** by LIVERPOOL MEDICAL SCHOOL This conference reaffirms that medical neutrality should be respected under all circumstances and that healthcare workers should be allowed to fulfil their medical duties unhindered and free from intimidation. In light of the continued trial and detention of Bahraini medics, it urges the British Government to pressure the Government of the Kingdom of Bahrain to:
- i) Release all health professionals from prison
 - ii) Thoroughly and impartially investigate allegations of torture in detention
 - iii) Reinstatement doctors and other health professionals to their proper positions
 - iv) Compensate those arrested and convicted to address lost income and acknowledge their hardships
 - v) End the militarisation of health care so that all those in need can access medical treatment
97. LIV1005 **Motion** by LIVERPOOL MEDICAL SCHOOL This conference believes that investing in information technology can bring about significant improvements to patient experience and aid recovery and calls on the NHS to explore the possibility of:
- i) Providing mobile internet boosters at every hospital
 - ii) Working towards creating a separate wifi zone in every hospital that would be made free to all patients.

Medical Ethics

98. BRI1001 **Motion** by BRISTOL MEDICAL SCHOOL This Conference notes that in the UK the NHS spends more than £30 billion per year on the procurement of goods and services and that there is growing evidence that, in some cases, the basic employment rights of people in these supply chains are being infringed (such as the use of child labour and unsafe working conditions.)
- This motion calls on the BMA and the Medical Students Committee to:
- i) Improve the pay and conditions of people involved in the supply of goods/services by working on a top-down approach by asking suppliers procuring on behalf of the NHS, as well as Trusts themselves, to sign up to the Ethical Trade Initiative Base code of labour practice (or equivalent). This will help suppliers and trusts to put ethical trade policies to effect. Evidence and action plans for improvement should be made available if discrepancies with the ETI code are found.

- ii) Help NHS Trusts develop an ethical purchasing strategy, by engaging in the BMA's online Workbook for NHS Procurement, which is designed to be worked through in manageable steps.
- iii) Promote ethical trade in the student population using tools, such as the Fair Med Trade campaign film, to raise awareness and understanding amongst colleagues.
- iv) Ensure that university's purchasing and procurement is sourced ethically as it is done entirely separately to hospital procurement. Universities should sign the Worker's Rights Consortium

99. **BARTS1003 Motion** by BARTHOLEMEW'S AND THE ROYAL LONDON MEDICAL SCHOOL This conference:

- i) Notes the motions in 2007 and 2012 that acknowledged the close links between the medical profession and the pharmaceutical industry and that these interactions can adversely influence prescribing.
- ii) Notes that the General Medical Council (GMC) has a section on conflicts of interests in its publication Good Medical Practice. It also provides ethical guidance where it states that "Doctors' relationships with the pharmaceutical industry take many forms, some of which might be perceived to influence the way doctors prescribe medicines".
- iii) Notes that the GMC does not set any limit on the cost of gifts or hospitality that can be received from industry

This conference believes:

- i) That the GMC guidance is not sufficiently strongly-worded and places no specific restrictions on the interaction of doctors with the pharmaceutical industry.
- ii) That the BMA should lobby the GMC to change its guidance to reflect the evidence that interactions with industry do affect prescribing
- iii) That the BMA should lobby the GMC to set a limit of £50 on the monetary value of gifts or hospitality that can be received from pharmaceutical companies.

100. **LIV 1003 Motion** by LIVERPOOL MEDICAL SCHOOL This conference acknowledges that the validity and integrity of prescribing protocol can be jeopardised by irregularities and systematically biased conduct of medical trials. It especially views the withholding of data from thousands of studies as an abuse of the trust vested by trial volunteers and calls on the government to :

- i) Introduce tougher regulations to ensure that pharmaceutical companies declare the findings of all their studies both positive and negative.
- ii) Ensure any previously unreported studies are registered and backlogged, to include full methods and the results.
- iii) Oblige all trial conductors to produce firm guarantees of publishing findings within one year of its completion and introduce tougher penalties for those who fail to comply.
- iv) Oblige that all academic institutions and pharmaceutical companies acknowledge to patients of any possible 'gagging clauses' in instances where findings are likely to go unpublished.

101. OXF1001 **Motion** by OXFORD MEDICAL SCHOOL This Conference notes:
- i) That a doctor's first obligation is to do no harm;
 - ii) That the issues surrounding end of life care are contentious and emotive;
 - iii) That, in certain situations, the withdrawal of life prolonging treatment is generally well accepted in UK medical practice under the Liverpool Care Pathway;
 - iv) That the 'Daily Mail' published a lengthy series of articles critical of the Liverpool Care Pathway, suggesting that it is utilised as a money-making exercise;
 - v) That the 'Daily Mail' enjoys the second largest readership in the UK.
- This Conference believes:
- i) That the UK has further to go on the provision of end-of-life care, and improving this should be a priority;
 - ii) That the cynical media coverage by the 'Daily Mail' is damaging to not only palliative care in the UK but also to the doctor-patient relationship and potentially to the NHS as a whole.
- This Conference resolves:
- i) That the BMA issues a robust statement of support for both the Liverpool Care Pathway and palliative care in the NHS in order to go some way to regaining the confidence of the British public.

Public Health

102. EDIN1001 **Motion** by EDINBURGH MEDICAL SCHOOL
This conference believes that there should be greater consistency in the provision of school pupils' sex and relationship education within the United Kingdom.
- i) We call on the BMA to lobby the devolved governments for this consistency through one national gold standard programme.
 - ii) We advocate implementation through the involvement of school nursing staff, tailored to the specific needs or requirements of pupils/schools.
 - iii) We suggest that this programme could be further supported with the creation of a national resource bank with age/need- specific materials.
103. EDIN1002 **Motion** by EDINBURGH MEDICAL SCHOOL
This conference believes that regular screening for communicable diseases should be a professional requirement for all healthcare workers.
This conference calls on the BMA to lobby the GMC to:
- i) include screening for communicable disease as part of pre-registration checks and the revalidation process
 - ii) Ensure the testing responsibility lies with the individual medical professional.
 - iii) Lobby NHS trusts to provide adequate support networks following screening.
104. UCL1002 **Motion** by UNIVERSITY COLLEGE MEDICAL SCHOOL This conference:
- i) Notes the 14-year gap in disability-free life expectancy and 7-year gap in life expectancy between the richest and poorest areas of the UK.
 - ii) Notes the important evidence around the social determinants health indicating that people with lower income require the same services as people with higher income, but at an earlier age.
 - iii) Notes the importance of quality of life, as well as longevity.

- iv) Calls for a revision of the decision by the NHS Commissioning Board to discontinue the factoring of income deprivation in the allocation of the health budget.

105. MEDSIN1001 **Motion** by MEDSIN This conference believes MSC Policy statement 429 is inaccurate in its depiction of current trends in sexual health in the UK and that emphasising abstinence fails to recognise that choosing to enter into a consenting sexual relationship is not merely a failure to abstain. Therefore this conference will remove statement 429.

106. LIV1004 **Motion** by Liverpool Medical School 'This conference recognises the vital impact the BMA has on shaping government policy and asks it to

- i) Call on the government to reinstate a strategy to assist tackling childhood obesity and build upon the 'Olympic promise' of encouraging a generation of sport participation in under 16 year olds
- ii) Revoke the cut in national funding of the £162m Schools Sports Partnership in England
- iii) Encourage local authorities to dedicate some of its budget to free leisure activities that promote a healthy lifestyle
- iv) Support this important attempt in preventing an emerging epidemic in childhood obesity
- v) Question why 'free swimming' programs are still supported in Scotland and Wales, with similar provisions regarded as 'too costly' by the coalition in England.'

Global Health

107. SHEF1002 **Motion** by SHEFFIELD MEDICAL SCHOOL This conference recognises that climate change is likely to become one of the greatest threats to public health and is concerned that health services contribute significantly to greenhouse gas emissions. It believes medical students and medical schools should lead the way in reducing their environmental impact. It calls on the BMA MSC to lobby medical schools to:

- i) Introduce mixed recycling bins in medical schools
- ii) Reduce wastage of equipment used in clinical skills
- iii) Reduce unnecessary paperwork and printing
- iv) Use travel expense policies to ensure that public transport is cost-effective for students on placements
- v) Pressure medical schools to provide teaching on climate change within public health

108. SWAN1002 **Motion** by SWANSEA MEDICAL SCHOOL This conference:

- i) Recognises that many medical students aspire to undertake medical practice or research in low-income countries, and believes these aspirations should be encouraged
- ii) Is aware that health interventions in low-income countries unfortunately do not always produce the intended beneficial outcomes, and can have detrimental effects upon communities, doing "more harm than good";
- iii) Recognises with concern that medical students are not taught or encouraged to criticise global health interventions
- iv) Believes action must be taken to better prepare students to make informed choices about their participation in global health

- v) Calls upon UK medical schools to make learning resources available to medical students which teach: Recognition of potential adverse outcomes that can arise from global health interventions; critical analysis of the efficacy and local impact of interventions; and the importance of partaking in interventions that are culturally sensitive and do not detract from healthcare sustainability.

109. **BRI1004 Motion** by BRISTOL MEDICAL SCHOOL This conference notes that global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. This Conference calls for the BMA's Medical Students Committee:
- i) To work alongside other student organisations like Medsin-UK to ensure all medical schools are providing adequate core teaching in global health in accordance with the global health curriculum outlined in the Lancet Article, Global health learning outcomes for UK medical students,
 - ii) To promote universities to start/continue to offer student selected components and intercalated BSc's in global health,
 - iii) To lobby universities to raise the profile of global health by such means as including Ted.com talks and Lancet articles in regular newsletters to medical students.
110. **NEW1003 Motion** by NEWCASTLE MEDICAL SCHOOL This conference
- i) Agrees with the overarching recommendation of The WHO Commission on Social Determinants of Health "to tackle the inequitable distribution of power, money and resources"
 - ii) Believes that the power to create money should not be in the hands of private profit driven institutions
 - iii) Calls on the BMA to adopt the above two statements
111. **SHEF1004 Motion** by SHEFFIELD MEDICAL SCHOOL This conference recognises the potential threats to health from climate change and that the livestock industry is a significant contributor to greenhouse gas emissions, deforestation and local environmental damage. It also recognises that high levels of meat consumption are associated with increased risk of cardiovascular disease and some cancers. It therefore believes that:
- i) Reducing meat consumption in high-income countries would have beneficial effects on health and the global environment
 - ii) The BMA should adopt a 'meat-free' day each week
 - iii) The BMA should encourage other organisations to reduce their meat consumption

THE BMA Student Membership

112. **MANC1002 Motion** by MANCHESTER MEDICAL SCHOOL This conference mandates the BMA and its Medical Students Committee, regardless of the Association's or Committee's stance(s) on the formation of private medical schools, that they must fully and actively engage with any such bodies that form. Both bodies must also consider potential options for the representation of the students and academic staff of any such institution.

MEDICAL STUDENTS COMMITTEE

113. HYMS1003 **Motion** by HULL YORK MEDICAL SCHOOL This conference proposes that there must be an agreed protocol for prompt and transparent re-election of posts in the event of vacancy by previously elected members

Medical Students Conference Standing Orders

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

Members of Conference

The membership shall be:

- (a) Representatives from each medical school in the UK¹
- (b) All members of the Medical Students Committee, representing medical schools in the UK²;
- (c) All other voting members of the Medical Students Committee³;
- (d) The Chairs of the Medical Students Committees in Northern Ireland, Scotland and Wales;
- (e) All members of the MSC Conference Agenda Committee who do not fall within (a) – (d) above.

Observers shall be invited to Conference:

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

Submission of motions

- a) Motions for the Conference Agenda may be submitted by the following:
 - (i) Each UK medical school;
 - (ii) The Welfare, Education and Finance subcommittees of the Medical Students Committee;
 - (iii) The Executive of the MSC;
 - (iv) Each of the Devolved Nation Medical Students Committees;
 - (v) The MSC Regional Services Liaison Group⁴;
 - (vi) Medsin, through its representative on the Medical Students Committee;
 - (vii) Each of the MSC co-opted representatives for the Session.
- b) Each of those identified in (ii) to (iv) above shall identify priority motions for inclusion in the Agenda. At least one of the priority motions identified will be debated at Conference. The maximum number of priority motions to be submitted shall be determined by the Agenda Committee.
- c) The MSC Executive will be entitled to submit or select up to three motions to be identified as Committee Business Motions. These motions must meet the following criteria:
 - Unanimous approval by the MSC Executive
 - Uncontentious in their nature
 - Important to committee business/function

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

- d) There shall not be included in the Agenda any motion which has not been received by the Agenda Committee by a date to be determined annually by the Agenda Committee.

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

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

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

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

Amendments and riders

- a) Amendments and riders to motions may be submitted by any delegate. Any amendment or rider to any items on the Agenda must be notified to the Agenda Committee by deadline set for accepting amendments and riders.
- b) Delegates and motions will be chosen in a fair and transparent manner. Those concerned about the process should register their complaint to the Chair.

Emergency Motions

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

Time Limit of Speeches

A Member of the Conference moving a motion shall be allowed to speak for three minutes and, with the exception of the speech introducing the motion, no other speech shall exceed two minutes. In exceptional circumstances any speaker may be granted such extension of time as the Conference itself shall determine. The Chair may at any time reduce the time to be allowed to speakers.

Voting

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

Rules of Debate

- (a) Any Member of Conference may speak to a motion. Observers may not speak to motions except at the discretion of the Chair of Conference. Members will indicate their desire to speak by completing a speaker slip and handing it to the Agenda Committee by the published deadline. A Member will usually stand when speaking and shall address the Chair.
- (b) The proposer of a motion will be invited to speak first, and the Chair will then call speakers for and against the motion to speak to ensure a balanced debate. First time speakers will be prioritised by the Chair to speak wherever possible.
- (c) A Member shall not address the Conference more than once on any motion, amendment or rider, but the mover of any such item may reply to the debate (see (d)).

- (d) When all speakers have been called to speak, or when the Chair calls an end to the debate due to time constraints, the proposer will have the right to reply to the debate. However, before the proposer concludes the debate in his/her right to reply, the opportunity to comment will be offered to the Chair of MSC and the Chief Officers of the BMA present at Conference. The proposer in his/her right to reply will confine their comments to summing up and answering points made by previous speakers. No new matter may be added to the debate at this point.
- (e) No amendment to any motion, amendment or rider, save those put forward by the Conference Agenda Committee to facilitate debate, shall be considered unless a copy of the same with the names of the proposer and seconder (if any) and their constituencies has been handed in writing to the Chair, before the commencement of the session in which the motion is due to be moved, except at the discretion of the Chair. Such amendments will only be acceptable if designed to obtain minor textual clarification of the motion, amendment or rider.
- (f) Whenever an amendment to an original motion has been moved and seconded, no subsequent Amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.
- (g) If an amendment be carried, the amendment or motion, as amended, shall take the place of the original motion, and shall become the question upon which any further amendment may be moved. If the proposer of the motion accepts the amendment, then the motion is amended without any debate. However if the proposer rejects any amendments and the Conference votes in favour of the amendments, then the individual who proposed the amendment takes over the ownership of the motion
- (h) If it be proposed that the question now be put (i.e. that Conference should move to a vote without further debate), and the Chair feels that there is a desire among significant proportion of delegates to have the question put, such motion shall immediately be put to the vote without discussion. A two-thirds majority of those present and voting shall be required to carry a proposal that 'the question now be put' If a motion that 'the question now be put' is carried, the mover of the original motion shall have a right of reply before the question is put.
- (i) If it be proposed and seconded that the Conference proceed to the next business the Chair shall have power to decline to put the motion to the Conference; if the motion to proceed to next business is accepted by the Chair the proposer of the preceding motion, amendment or rider shall have the right to reply to the relevant debate before the motion to proceed to the next business is put to the Conference, without prejudice to the right to reply to new matter if the original debate is ultimately resumed. A two-thirds majority of those present and voting shall be required to carry a proposal that the Conference proceed to the next business.
- (j) Any motion that has more than half the voting delegates abstaining will not be passed.

Elections

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

Conference Agenda Committee

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

Joint Agenda Committee

The two Representatives of the Conference Agenda Committee to be appointed to the Joint Agenda Committee in accordance with By-Law 51(1) of the By-Laws of the BMA shall be the Chair of Conference and the Chair of the MSC.

Chair's Decision

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

Withdrawal of Strangers

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

Quorum

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

Minutes

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

Conference Process – A Guide

Before Conference

Many months of preparation have gone into Conference before you 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 2012-13 is the result of this effort and the amendments are stated in the document and await the approval of Conference before being finalised.

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

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

At Conference

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

Workshop motions

A number of workshops take place on Friday after noon. 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 2014
- Deputy Chair of Conference for 2014
- Four other members of the Conference Agenda Committee for 2014
- A number of representatives to attend the 2013 Junior Doctors Conference at BMA House
- A number of representatives to attend the 2013 Annual Representative Meeting (ARM) of the BMA

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

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

Conference Debates – A Guide

Who may speak?

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

Order of speaking

The proposer of a motion will be invited to speak first. This will be followed by speakers for and against a motion, in the order they are called to speak by the Chair. The Chair will call speakers to ensure a balanced debate. First time speakers will be prioritised. Following the debate the Chair will ask the Chair (or Co-Chair) of the Medical Students Committee and the Chair of 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. All those interested in speaking will be asked to submit speaker slips to the Agenda Committee (AC) in advance of the motion being reached. You will find speaker slips in your pack and more will be available from the AC in the hall before and during debate.

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 and not a member of the Medical Students Committee, 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 and first time speakers are prioritised. Speaker forms will be available in the Conference Chamber. 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.

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 Conference Guidelines on page 51-54).

Abstentions

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

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

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

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

What do the lines and asterisks (*) mean?

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

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

You may see the letter 'A' beside a motion in the Agenda. This symbol appears on motions that are felt by the AC to be on issues that have already been covered by existing MSC policy. 'A' motions are voted on without debate. Existing MSC policy can be found in the updated Conference Policy Guide 2012-13. The symbol is there as a guide for when delegates are considering which motions to vote for in the ballot. Should you strongly disagree with a motion being labelled 'A', you can apply to the AC before the start of the Conference to have it removed, but the order of motions will still remain the decision of the AC.

How do I amend a motion on the agenda?

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

Can I change a motion?

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

What is a rider?

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

For example, the hypothetical motion:

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

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

How are amendments and riders accepted?

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

What are emergency motions for?

Emergency motions usually deal with events that have arisen after the deadline for submission of motions (which was 17 January 2013), 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 not be debated further and the motion will be treated as if it had never been considered. Debate will move to the next motion as dictated by the agenda. If the two-thirds majority is not reached, debate of the current motion will continue from the point at which it was interrupted.

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

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

What happens to motions that are carried?

Carried motions become Conference policy, unless a proposal is made during debate to consider and vote on the motion being taken 'as a reference'. The Agenda Committee considers all Conference motions that are carried. Motions that are carried can form MSC policy, be referred to the Annual Representatives Meeting for further BMA debate or be referred to the appropriate BMA Committee. The Medical Students Conference is separate from the MSC in this regard. All motions that are carried will be incorporated into the Conference Policy Guide for 2013-14.

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 Chair's involvement during Conference. The Deputy Chair is also responsible for organising the entertainment at Conference.

Chair (or Co-Chair) of MSC

As part of the Conference debates, the Chair of MSC is asked whether they wish to comment on any of the motions, immediately following each debate. This gives the opportunity for the MSC Chair to inform Conference about any policy, background or other information or give their opinion that would relate to the issue that is subject to debate. This will allow delegates to have all relevant information before they vote. Following debate it is for Conference to decide in the light of debate and all information how to vote on each motion.

Chief Officers of the BMA

The officers of the BMA are invited to attend Conference. Not all may be able to attend but there will be at least one officer present at the Conference on the top table. The Medical Students Committee is part of the BMA and because of this the Chair of Council, or the Officer at the table, is asked at the end of each debate whether they wish to comment on the motion. This allows the BMA to give pertinent information to Conference about the issue under discussion, particularly if there are significant financial implications to the BMA of any resolution passed. The officers for the 2012-13 Session are as follows:

Chair of BMA Council:

Dr Mark Porter

Chairman the Representative Body:

Dr Steven Hajioff

President:

Professor the Baroness Hollins

Treasurer:

Dr Andrew Dearden

Secretary to MSC

Advises and assists the Chair or Co-Chairs in relation to policy and procedure.

Executive Officer MSC

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

Standing for Election

- **CHAIR OF CONFERENCE 2014**
- **DEPUTY CHAIR OF CONFERENCE 2014**
- **CONFERENCE AGENDA COMMITTEE MEMBERS 2014**
- **ANNUAL REPRESENTATIVES MEETING DELEGATES 2013**
- **JUNIOR DOCTORS CONFERENCE DELEGATES 2013**

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 2014
2. Deputy Chair of Conference for 2014
3. Four members of the Agenda Committee for the Conference 2014
4. A number of representatives to attend the Annual Representative Meeting () of the BMA in Edinburgh, 24-27 June 2013
5. A number of representatives to attend the Junior Doctors Conference in BMA House on 18 May 2013

Summary of elected positions

Role of the Chair, Deputy Chair and Agenda Committee

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

Chair of Conference Responsibilities

The Chair of Conference is responsible for:

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

Time commitments

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

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

Deputy Chair of Conference

Responsibilities

The Deputy Chair of Conference is responsible for:

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

Time commitments

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

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

Agenda Committee members

Responsibilities

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

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

Time commitments

Agenda Committee members are required to attend the following meetings:

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

Annual Representatives 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 and attendance gives students the chance to have a real and direct influence over BMA policy. delegates attending on behalf of the are required to represent the views of the MSC and are encouraged to speak during the debate.

Junior Doctors Conference

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

Deadlines and conditions

Nominations for all positions should be submitted to the secretariat in writing by **12.15 on Saturday 5 April 2013**. 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 2013-14 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 an elected representative from each medical school. It meets four times a year to discuss issues of national importance. In addition, members of the also 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, who are also Deputy Chairs of the . These subcommittees also meet four times a year .

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, three elected members of the , the immediate past Chair of the , the Conference Chair and the Regional Services Liaison Group Chair.

The Regional Services Liaison Group (RSLG)

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

Intra-school Committees (ISCs)

At every medical school there is a committee for medical students that operates locally depending on how things are structured at each school. Across the board, however, the ISC relays information to and from the national committee on issues of national and local importance. It is led by the ISC Chair who is elected annually and supports the representative in activity. In addition, the ISC Chair acts as a local contact point for the BMA and its student members and works closely with regional staff, the BMA's Employment Advisers, to organise local activities.

National Committees

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

Report from the MSC Finance Subcommittee 2013

The Finance Subcommittee has had a number of projects this year, some of which will be continuing through into next year.

Medical student funding for the future

At the end of the last session the government confirmed that the existing NHS Bursary and tuition-fee arrangements would remain in place for courses starting in 2013 and 2014. This means that for the next two years, undergraduates starting courses in England will continue to be able to access a Student Loans Company tuition fee loan for the full cost of their course fees in years 1-4 with the NHS Bursary covering the 5th year fees. Graduate students on accelerated courses will continue to self-fund the first £3465 in year 1 with a loan available to cover the remaining £5535. The NHS Bursary will cover the first £3465 of each year's fees in years 2-4, with a loan available for the remainder.

Although in these times of austerity it is good news that those entering medicine in the next two years will be no worse off than in previous years, it is very disappointing that Government has still made no provision for graduate students on 5 year undergraduate courses, who cannot access tuition fee loans and will have to self-fund the full cost of their fees in years 1-4. The Medical Students Committee believes this effectively will price out many graduate students from considering medicine as a career, and we will continue to make the case for special arrangements for such students. The arrangement will be reviewed in 2015 and a sustainable agreement for the future implemented.

'A Need for Change'

This is a document that was first published by the MSC in 2008 and looked at the funding systems in place for medical students at the time. Using data on student income, expenditure, debt and future earnings it modelled how quickly students would be able to become debt-free after university and developed compelling arguments for an overhaul of the student finance system for medical students. With the significant changes to tuition fees and funding arrangements in recent years we are starting the process of updating the modelling with the latest data and will shortly be running a survey of first year medical students to find out how the new fee regime is affecting debt levels. This is a large project and will run through into next year, with the aim of providing an insightful, useful and influential lobbying tool for the forthcoming negotiations on the post-2015 settlement.

NHS Bursary payment problems

There have been some significant issues this year with medical students experiencing severe delays in receiving their NHS Bursary, or being invoiced for tuition fee payments that were the responsibility of the NHS Bursary team. There seems to have been many factors involved in this, including misunderstandings by universities, the NHS Bursary team, and sometimes students themselves. One thing that I think it is important to let all students know is that any bursary application will not even start being processed until all the requested evidence is submitted, so I would strongly advise everyone to submit this evidence as soon as they possibly can to avoid any delay in payments. I attended a stakeholder event in February with the NHS Bursary team and they were very conscious of their failures this year and are working hard to sort this out in time for this year's applicants.

Errors in Student Loan Payment

We know that in recent years the Student Loans Company has made errors in awarding tuition fee loans to some graduate medical students who were ineligible to receive such support. In many instances, students have been asked to pay back the loans with very little notice. The MSC has met representatives of the SLC twice over the past year to raise these issues and although we were initially reassured that no new graduate student should be able to secure a tuition fee loan in error, we are still concerned that students may still not be receiving correct information from the SLC. We have written to the Department of Business Innovation and Skills to ask government to honour any tuition fee loans that are paid to students in error and allow students to pay back the loans in the same way as other eligible students, and are currently trying to organise a meeting with the Secretary of State Vince Cable MP for further talks. We are also calling on Medical School deans to ask their university financial administrators to be lenient and understanding when they are asking for payments from students who have suffered these problems that are not of their own making.

James Warwick
Chair
MSC Finance Subcommittee 2012-2013

Education Subcommittee Report 2013

As education is so often subject to much challenge and change, this year has been busy as ever for the Education Subcommittee. We actively produce a platform by which to voice students' concerns through regular meetings with many important and relevant organisations. We have seen some great successes but know that it is important to persevere when tackling these difficult topics. Through communicating regularly and efficiently to students and gathering students' thoughts and concerns, we have been able to make a significant impact on medical education this year. We have been working on issues you've brought to our attention, responding to key consultations on the future of medical education, and attending various stakeholder meetings. The following is a list of key topics we have been working on, though it is by no means exhaustive!

Jobs for UK Medical School Graduates: 2013 and Beyond

In January 2013, the Department of Health guaranteed a job for all eligible students who graduate this year from a UK medical school. This is a fantastic result given our serious concerns regarding the increasing number of graduates, and we must give ourselves a proverbial pat on the back. However, we also know that now is no time to sit back. We are continuing to push for clear communication to students who are waiting for jobs and we have provided support and advice for these students. We are also lobbying for long term solutions; there are many looming threats for the future, and we must fight to ensure our future graduates are guaranteed the jobs that they will have invested so much into. This February, 298 students weren't allocated jobs in the first batch of allocations, which, for those affected, is a source for much stress and anxiety. We have been a key source of information for students and will continue to actively investigate and disseminate information on this matter.

Changes in the Selection to the Foundation Programme

We have sent letters to the UK Foundation Programme Office (UKFPO) regarding issues with the application process which students have contacted us about, we have attended multiple meetings on the issues, and we have fed into a national review process. Through every means available, we have raised students' concerns which have fed into a list of 'Lessons Lear ned' by the UKFPO.

The Situational Judgement Test (SJT), a means of assessing applicant's aptitude for the role of a doctor, was formally introduced for this year's applicants. We will be pushing for a full analysis of the SJT to ensure that it is a fair, robust and transparent method for selecting applicants. Through seats on various groups with key stakeholders, we are ideally placed to channel students' voices.

Prescribing Skills Assessment

Most medical schools are taking part in a national pilot of the Prescribing Skills Assessment (PSA) this year. We have encouraged students to take part so that there is a greater quantity of evidence to analyse, we have provided a list of Frequently Asked Questions, and we will be feeding in to discussions around the evaluation of the test. We support the sentiment behind ensuring safe prescribing, but we will only support the test if it is an appropriate means by which to test this skill.

Student Engagement with the GMC

The GMC has recently undergone a big structural change. Following this, we met with some of the GMC Education team and we have been working to develop our positive relationship. We are assured that students will continue to be involved with all their relevant projects.

Health Education England

Health Education England (HEE) is the new body responsible for education and training in the NHS. We have been involved in many discussions around the practical implications of their new role and are continuing to develop relationships there.

EU Challenges

Recently there have been challenges from the EU which threatened the current state of play for medics in the UK. These have included a challenge to the FP eligibility criteria that could have seen many more EU students applying to the UK, and proposals to extend the length of medical degrees that could have threatened our graduate entry programmes. Thankfully the BMA's lobbying has been influential and these crises have been averted.

Potential Changes to Medical School Curricula

We've collated evidence from your medical school representatives regarding curriculum concerns you have raised and contacted the appropriate educational bodies, for example with concerns regarding Obstetrics and Gynaecology exposure. It is crucial that our medical schools equip us to be effective, safe and well-rounded doctors; at last year's conference, you communicated to us where your concerns lie and we have conveyed these accordingly.

These are some of the main issues we've been working on, and I'm sure lots of relevant suggestions will be raised in debate at conference. I'm very excited to hear what topics you will bring to the limelight, and I sincerely hope you enjoy listening to and taking part in the discussions. Come find me at conference and I'll be delighted to hear your thoughts on any of these matters.

Melody Redman

Chair

Education Subcommittee 2012-13

Report from the Welfare Subcommittee

This year has been a busy year for the British Medical Association's (BMA) Medical Students Committee's (MSC) welfare subcommittee. Our accomplishments thus far, since Sept 2012, are outlined below.

General Medical Council Mental health operations group

The General Medical Council (GMC) mental health operations group has undertaken a large body of work in collaboration with the BMA Medical Students Welfare Subcommittee, The Medical Schools Council, The Doctors Support Network and members of the faculty of occupational health. The welfare committee has worked tirelessly to ensure that students' views and interests have been represented within the final report of this group and to ensure that student welfare has remained at the heart of this so that both management of medical student mental health problems improve and that changes are also made to medical schools to reduce the amount of stress of medical students and therefore the incidence of mental health conditions. To that end the group has also produced a "mythbusters" guidance sheet which aims to dispel a large number of the common myths surrounding mental health amongst medical students to increase recognition and acceptance of this problem, and therefore increase early intervention, amongst the medical student body.

Medical Council on Alcohol

The BMA has retained its strong relationship with the Medical Council on Alcohol (MCA), continuing the MCA's essay prizes and poster competitions as well as providing the joint BMA and MCA handbook to first year medical students again. The BMA has also been conducting its own research on the prevalence of alcohol use and the attitudes towards alcohol use amongst medical students.

Royal Medical Benevolent Fund

This year the BMA MSC has developed a new relationship with the Royal Medical Benevolent Fund (RMBF) and has been sitting on their case committee. The RMBF is the leading charity in providing financial support and money information and advice for doctors and medical students and runs the fantastic project "Money4MedStudents" (<http://www.money4medstudents.org>) which provides practical and unbiased information and advice on sources of funding and money management. The case committee provides funding to medical students, doctors and their dependents during times of severe hardship. In our capacity sitting on the case committee we have ensured that students needs are met as fully as possible and are working to advertise this service as fully as is possible.

Medical Schools Council

The BMA MSC has, in concordance with the motions from conference 2012, written a letter to the Medical Schools Council requesting for information governance teaching to be incorporated into the medical school curriculum before any clinical experience takes place and to request each medical school to hold a bank of NHS encrypted USB keys which may be loaned to students who need to carry out and save work on NHS computers.

The BMA MSC is also negotiating with the Medical Schools Council a re-draft of the Medical Students Charter. The Medical Students Charter is a document setting out the key details of what medical students and medical schools should expect from each other with respect to mutual respect, teaching, finance, disciplinary procedures, professionalism and extenuating circumstances.

Doctors for doctors

The BMA MSC is also working to strengthen its previous relationship with the BMA's Doctors For Doctors service and increase advertising of the service to students. The Doctors For Doctors service provides free impartial telephone counselling delivered by trained professionals. This service is free to all members and the contact numbers are on the back of the BMA membership cards.

Prescription charges

In concordance with the previous motions from conference 2012 the BMA MSC has written a letter to the UK Department of Health outlining that medical students should, due to the unique circumstances of their course and the greater financial burden in clinical years, be exempted from NHS prescriptions charges.

Matthew Hale

Chair

Welfare Subcommittee 2012-2013

Report from the Northern Ireland Medical Students Committee (NIMSC)

REMIT

The Northern Ireland Medical Students Committee (NIMSC) is the regional committee for debating issues pertinent to the medical student body of Queen's University Belfast, the only medical school in the province. NIMSC meets four times a year and has recently been instrumental in developing a Joint Medical Student Forum which represents and engages all medical students and staff in the Queen's medical school. This body will facilitate communication and collaboration between societies and between year groups, and will help establish a greater sense of community and pride within the school. In addition to this, the NIMSC continues to liaise closely with the Northern Ireland Junior Doctors' Committee (NIJDC) and work on issues of commonality; in particular those which concern the Postgraduate Deanery (NIMDTA).

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

NIMSC Priorities for 2013

- Graduate Student Finance
- Car Parking provision

GRADUATE MEDICAL STUDENTS

This issue continues to be a top priority for the committee. Graduate medical students in NI are disadvantaged financially compared with their peers domiciled in GB. We understand the reason DEL and DHSSPS do not currently provide NI domiciled graduates with tuition fee loans and the NHS Bursary in final year is because they would be obliged to support all NI domiciled graduate medics studying in GB as well as those at Queen's. However, in the case of social workers, there is a unique funding arrangement for those "Domiciled in NI, Studying in NI". It is the Committee's aim to have this adopted for graduate medical students here, to enable them to avail of both the fee loans and the NHS Bursary. It would be virtually cost neutral for DEL & DHSSPS who would not be obliged to fund graduates who leave NI to study in GB. Bearing in mind that the legislation already exists for students on another degree course, this could in theory be sorted within DHSSPS/DEL. DHSSPS officials had previously agreed to convene a scoping group which would aim to resolve this matter as speedily as possible. This matter is still ongoing.

CAR PARKING

The committee has been working hard trying to secure affordable, safe car parking for medical students on placement at the Royal Hospitals who couldn't afford the increased tariff of £20.50 per week to park in the visitor car park.

After several meetings between BMA, QUB and the Estates Department of the Belfast Trust, the Trust sent through a draft proposal outlining new arrangements for car parking where the Trust will offer 2 car parks located in the Belfast City Hospital site to Medical, Dental, Nursing and other Allied Health Professional students for a tariff of £250 per annum (Bi annual passes can be obtained for £125). The Trust has advised that this is a draft proposal and not a definitive paper and it is currently with the Trust Directors for approval.

Whilst members agreed this arrangement was not ideal for every student, it was an improvement on the current arrangement and they were supportive of its implementation once approved.

F1 SHADOWING AND INDUCTION

Currently there is no standardised paid F1 shadowing/induction programme across the five Northern Ireland Trust areas.

At the last meeting of the Joint Employers Forum it was agreed that the Department was to draft a policy paper (which the BMA(NI) will have input to) to cover the current arrangements across Trusts here (as well as what happens elsewhere in the UK) for consideration in the first instance by the DHSSPS Medical and Dental Reference Group then the HR Directors Forum, with a view to making recommendations for a regional approach in N Ireland. Any agreed recommendations (along with costings) would then go forward to the HSC Board for approval.

STUDENT EVENTS

Looking back over the past 12 months, it has been a busy year for student medico-politics in Northern Ireland. The province can still claim to have the highest percentage of medical students in BMA membership when compared with the rest of the UK (96% of 5th years are members!). Through-out the year there have been several student targeted events held by the BMA (NI) office which has ensured a continued high profile with members and prospective members. In July we held a F1 seminar for graduates about to embark on their foundation training. In September, the office secured a presence at the Freshers' event and followed this up with visits to the medical school in the run-up to Christmas. The Ask Dr Clarke (Paediatrics / O&G) Revision Courses took place in November and continue to be extremely well attended.

COMMUNICATION

Communication with our constituency remains all important and NIMSC produce 3-4 newsletters each year packed full of information which we hope will interest our readership and encourage them to become more involved in medico-politics. Education, welfare, social and personal issues are all discussed and we value any feedback we receive.

CONSTITUTIONAL CHANGES

At the last meeting of the 2011-12 session, all voting committee members gave their endorsement of proposed new arrangements for the direct election of NIMSC and its Chair. The new process was successfully implemented for the 2012-13 session.

The NIMSC has therefore plenty of challenges to overcome in the year ahead. The NIMSC is always happy answer any queries about our work. Please feel free to contact myself during the Conference or contact the Executive Officer, Hilary Nesbitt (hnesbitt@bma.org.uk)

Kealan Barrett
Chairman of NIMSC 2012-14

Report from the Welsh MSC Pwyllgor Myfyrwyr Meddygol Cymru

The Welsh Medical Students Committee (WMSC) represents and considers all matters concerning medical students in Wales. We work closely with Welsh Council, other branches of practice and the UK Medical Students Committee. We also keep the Welsh Government (WG), Cardiff and Swansea Universities and the Wales Deanery informed of the issues we are considering and lobby, liaise and collaborate with them in addressing medical students' concerns.

WMSC has two representatives from each year of the medical course at both Cardiff and Swansea, as well as ex-Swansea students finishing their course at Cardiff and intercalating representatives. The full Committee meets four times a year in Cardiff and the Executive Sub-Committee meets as required.

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

Finance

Improving student finance remains one of the priorities for the Committee and undoubtedly reflects the on-going concern of students. WMSC is fortunate to have solid links with the WG and parliamentary bodies in Cardiff Bay which have been drawn upon in the recent past. To note is both the lobbying against the increases in tuition fees for Welsh domiciled students and clarifying the position in respect of student graduate funding. We are particularly concerned in respect of the new cohort in September with WG yet to announce whether any additional support traditionally offered to Welsh domiciled undergraduate students will be available for the new academic year, and the full funding arrangements available to graduate students. WMSC recognises the financial burden that comes with funding a second degree and are pressing for both financial support and good communication with these students to help in this process.

Finding a comprehensive source of information about funding has proven notoriously difficult in the past and in an attempt to address this the Committee are developing a one-stop guide for Welsh domiciled medical students as a reference for funding arrangements and options throughout the entire course.

Education

Education has also been at the top of the agenda this year with Cardiff pioneering a novel 'C21' course beginning in September 2013, and the teething problems associated with Swansea gaining independence as a medical school. WMSC representatives have worked closely alongside the medical school in Cardiff to ensure a student friendly course and the support and engagement of the school for student input has been unequivocal. We were pleased to welcome Swansea's independence as a medical school and are continuing to support our members as the course develops. WMSC representatives are meeting with the medical school, supported by BMA Cymru Wales staff, to ensure that student friendly policies are introduced.

Workforce Planning

The face of the NHS in Wales is set to change over the next year with services and plans currently under consultation for a re-vamp of the sector. Wales is split into various health boards and each has been given the opportunity to shape its own services under the title of reconfiguration. What better time to be a student and in particular a representative of the WMSC with the opportunity of contributing to changing and shaping services in Wales for our futures. Our opinions have been sought and are much valued on individual consultations and we will continue to feed into these reforms where appropriate.

Inextricably linked with service and provision are training and workforce planning and this year we are strengthening our collaborations with both the Welsh Junior Doctors Committee and Welsh Council to voice student opinion on the current structure of junior doctor training in Wales and how it could be improved to retain doctors in Wales which is an on-going challenge. We are collecting and collating data from student surveys conducted at both medical schools and we have representation on the Welsh Medical and Dental Academic Board which brings together the BMA Cymru Wales, WG, the Wales Deanery, medical schools and academics and steers these changes in Wales.

Communications

Communications this year have proved a useful tool with particular reference to the SJT marking errors that affected all final year medical students back in late February. Regular updates were posted on the situation on the BMA Wales Students page which were warmly welcomed by most students and encouraged much deserved interest in the BMA.

The webpage will be the next new project to tackle and as a Committee we are looking to develop numerous medical student toolkits including information for survival at medical school and beyond to help support our members. Keep your eyes peeled!

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

Holly Kirk
Chair
WMSC 2012 – 2013.

Scottish Medical Students Committee

We represent all medical students studying in Scotland and work closely with other Branches of Practice, particularly the UK Medical Students Committee and Scottish Junior Doctors Committee. Our representatives ensure that the views of medical students are represented at national meetings, including the Scottish Foundation Programme Board and the NHS Education for Scotland Medical Advisory Group. We also continue to liaise closely with the Scottish Government, NUS Scotland and Board for Academic Medicine on issues affecting medical students.

Throughout 2012 and early 2013, SMSC has worked hard supporting pan BMA campaigns in particular representing Scottish medical students during the BMA pensions campaign. SMSC representatives have also been attending various meetings with MSPs to discuss medical student issues along with the Chairs of other Branches of Practice.

Student finance and Higher Education funding

On the 22 August 2012, the Scottish Government announced the new support package for students for 2013-14. This included

- An annual minimum income of £7,250, through a combination of bursaries and loans, for students with a family income of less than £17,000
- All students, irrespective of circumstances, will be eligible for a student loan of £4,500 a year
- Medical and dental students would benefit from the main undergraduate support arrangements for the duration of their study.

SMSC was pleased with the increased overall package in particular, the announcement that 5th year medical students will no longer be disadvantaged financially in their final and potentially most costly year at university. This is something that SMSC had been lobbying to change for a number of years.

FHO1 shadowing and induction

Last year, all FHO1s starting in Scotland in August were paid for up to four days shadowing. This is an improvement on previous years when trainees have, except the Tuesday preceding the August changeover, not been paid for shadowing.

It brought Scotland into line with arrangements introduced in England and existing arrangements in Wales. The Management Steering Group (MSG) (the joint Scottish Government Health and Social Care Directorates (SGHSC)/NHS Scotland employer body) is looking to introduce a national approach to shadowing and induction from 2013, with a standardised programme and dates across NHS Boards in Scotland. A group is being formed to take this work forward which will include SJDC representatives.

The SMSC will continue to work with the SJDC regarding this group and the discussion on more permanent shadowing arrangements for 2013 onwards.

Widening access

The SMSC has recently been in contact with the Scottish Funding Council to enquire on the progress of the SFC's project, Access to the high demand professions (2010-13). As part of the project, each higher education institution has a baseline against which performance is measured and the progress of students applying, entering and progressing is currently being tracked. In particular, SMSC is interested in whether the SFC has measured the increase in the number and percentage of applications, offers, acceptances, conversions and entrants in 2011-12 and 2012-13 from the target pupils. The SMSC Secretariat is being kept updated on the progress of this project.

Undergraduate medical student numbers

The Cabinet Secretaries for Health and Wellbeing and Education and Lifelong Learning have accepted the recommendation of the Medical Undergraduate Group to retain medical undergraduate intake numbers at 2012 levels for 2013-14 i.e. make no further reductions.

The Post 16 Education Scotland Bill

SMSC has provided evidence to The Post 16 Education Scotland Bill which was published in early 2013 and will allow Scottish Ministers to set an upper limit on tuition fees, and impose conditions on higher education institutions to help widen access to under-represented groups. As part of the SMSC response we have called for more to be done to support students studying in Scotland but domiciled elsewhere in the UK.

SMSC was disappointed to note that whilst the Bill includes a provision for an upper limit on the level of higher education tuition fees that can be charged in Scotland, there is no legislative provision for enhanced bursary support for students who are resident in the UK. As BMA Scotland represents all medical students studying in Scotland, a significant number of whom are English, Welsh and Northern Irish domiciled (RUK) we made sure that our response conveyed that RUK students have a strong perception of unfairness at being treated differently to Scottish and EU domiciled students. We have welcomed the recognition, by a number of universities in Scotland, that there is a need to provide bursary support for RUK students and have been actively considering new arrangements but it is unclear how these arrangements compare to those available at English universities. It is the view of SMSC that the Scottish Government should consider setting out a principle in this Bill and subsequent regulations to support the introduction of bursary/fee waiver arrangements in place for RUK students studying at all Scottish universities, so that some of the significant sums of money being paid by RUK students is reinvested back into protecting access for those from low income households.

SMSC has also been highlighted that the lack of clarity on enhanced bursaries in place at Scottish Universities for RUK students will be hugely damaging for widening access to medicine. Scotland's higher education sector has a strong reputation for excellence and it is vital that it is able to continue to attract the brightest and best students, not simply those who can afford the high tuition costs. It is also important to consider that around 30% of medical students in Scotland are from the rest of the UK and many will work for NHS Scotland after graduation.

Tuition fees for Scottish domiciled students

BMA Scotland also continues to highlight its support of graduate medical students and believes this should be improved and as a minimum, that these students should be provided with a tuition fee loan.

Travel expenses

At a local level, medical school representatives are seeking to engage with medical schools on the availability of ACT funding to support medical students' travel costs at medical schools where this is not provided.

Find out more - to find out more and keep up to date on the issues affecting medical students in Scotland, 'Like' our Facebook page: www.facebook.com/BMAScotlandStudents.

Craig MacLean

Chair

Scottish Medical Students Committee 2012-2013

Report from MEDSIN

Six months into our 2012/13 term, our network's successes are diverse and varied, and far too many in number to detail here. Across the UK 1,000s of Medsin members are involved in local branches, committees, National Working Groups and activities, joining and running educational events, campaigns and community action projects. This is merely a snapshot of the progress Medsin has made so far this year.

Nationally, this is the first time we've ever secured funding for a full-time sabbatical National Director. The sabbatical role has been hugely valuable, allowing us to do more as an organisation, especially in strengthening our relationships and partnerships with external organisations and develop new groups. We are working hard to fundraise to expand our sabbatical team next year to help untap the huge potential of the network.

Our new Board of Trustees has been working closely with the National Committee to build upon strong foundations laid down by last year's team. The charity now has strong governance structures, complete financial records and a newly adopted three-year Long Term Development Plan to direct us towards 2015.

Progress towards our annual priorities

1) *Integrate the network and add value*

We have a record number of students involved nationally in teams working on policy and advocacy work, global health education, branch support and communications. We have strengthened communication channels to branches, activities and members, including through a varied and high quality social media output, a huge number of Medsin blogs and this amazing second edition of our National Magazine.

We are in the process of developing a Medsin Support programme, articulating and developing the support we offer to affiliated national student groups and our branches.

2) *Develop our expertise and coordination*

We have established 8 national topic-specific 'Think Tanks' at the centre of Medsin harnessing expertise across the network. To find out more visit www.medsin.org/nwgs.

Our pilot coordinated theme for World AIDS Day brought together Medsin, Universities Allied for Essential Medicines, Student Stop AIDS Campaign and Sexpression with a unified push to educate, advocate and act with the same messages: #whystopnow - for the UK government to create a blueprint outlining the UK contribution to end AIDS in a generation.

Outcomes:

5,000 people educated in some way

2,000 action cards signed for Why Stop Now campaign

5,000 people reached over social media

Over £1,800 raised for charity

Finalist for International Federation of Medical Students' Association Rex Crossley Best Project Award

For our second coordinated migration theme we will be having a UK screening tour of the They Go To Die film with Yale epidemiologist Jonathan Smith, coupled with a campaign on access of vulnerable groups to healthcare in the UK.

3) Diversify and broaden our membership

Our Diversify Medsin National Working Group has been developing a range of resources to support the network to recruit students from a range of subject disciplines, including a branch toolkit and training session, and we've been targeting priority universities to set up new branches

Our events

Autumn Weekend (September) – Medsin Keele welcomed a record number of delegates attending a revitalised format of three separate streams: Global Health Education, Policy and Advocacy and our Voting Members in our General Assembly, and the adoption of 3-year Long Term Development Plan

National Conference (October) – Medsin Warwick put on a wonderful show, with incredible speakers, varied workshops and advocacy stunts, all around Maternal and Child Health

Medsin Leadership Training Weekend – this inaugural leadership weekend offered high-level training from numerous experts, with the chance for National Working Groups to meet and plan the change they want to make

Regional training days – with a new cohort of Medsin trainers we have held numerous regional training days across the country with more to come late March and April. Stay tuned

Jonny Meldrum
National Director
Medsin 2012-13

Abbreviations commonly used in the BMA

ASME	Association for the Study of Medical Education
BDA	British Dental Association
BIS	Department for Business, Innovation and Skills
BMAS	BMA Services Limited
BME	Board of Medical Education (BMA)
BoP	Branch of Practice
CC	Consultants Committee (BMA)
CCT	Certificate of Completion of Training (NHS)
CMF	Christian Medical Fellowship
CMO	Chief Medical Officer, Department of Health
COPMeD	Conference of Postgraduate Medical Deans
DDRB	Review Body on Doctors' and Dentists' Remuneration
DH	Department of Health
EA	Employment Adviser (BMA local offices)
EO	Executive Officer (BMA national offices)
E&DC	Equality and Diversity Committee (BMA)
EMSA	European Medical Students Association
EPM	Educational Performance Measure
EWTD	European Working Time Directive
F1/F2 (FY1/FY2)	Foundation Year 1/Foundation Year 2
FP	Foundation Programme
GMC	General Medical Council
GPC	General Practitioners Committee (BMA)
HEFCE	Higher Education Funding Council for England
HPERU	Health Policy and Economic Research Unit (BMA)
IFMSA	International Federation of Medical Students Association
IRO	Industrial Relations Officer (BMA local offices)
IMS	International Medical Student
ISC	Intra School Committee (MSC)
ISFP	Improving Selection to the Foundation Programme
JDC	Junior Doctors Committee (BMA)
JMF	Junior Members Forum (BMA)
JNC(J)	Joint Negotiating Committee (Juniors) (BMA and NHS Employers)
MASC	Medical Academic Staff Committee (BMA)
MDAP	Multi-Deanery Application Process
MDU	Medical Defence Union
Medsin	Medical Students International
MPS	Medical Protection Society
MMC	Modernising Medical Careers (Department of Health initiative)
MSC	Medical Students Committee (BMA)
MTAS	Medical Training Application Service
NHSE	NHS Employers
NHS:MEE	NHS Medical Education England
NHSU	National Health Services University
PADiv	Public Affairs Division (BMA)
PHMC	Public Health Medicine Committee (BMA)
SASC	Staff and Associate Specialists Committee (BMA)
SCOME	Standing Committee on Medical Education
SJT	Situational Judgement Test
SLC	Student Loans Company

StLAR	Strategic Learning and Advisory Research Council (Department of Health)
tMSC	The Medical Schools Council
UKFPO	The UK Foundation Programme Office
ULU	University of London Union Medgroup

UK Medical Students Committee Election 2013

Your choice, your vote

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.

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

NOMINATIONS OPEN/CLOSE:
9 April – 30 April 2013

For more information on the elections at your medical school and to download a nomination form.
<http://bma.org.uk/msc>

Make sure you're a member

By joining the BMA you can use your voice on the real issues affecting students today and get the support you need to help you through your medical studies.
bma.org.uk/join

**WANT TO
STAND
OUT
FROM THE
CROWD?**

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