Consultants conference 2025

Agenda

#consultantsconf

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Agenda

To be held on:

Tuesday 4 March 2025, BMA House/ hybrid

Link to be shared for virtual attendees

Chair: Dr Phil de Warren Penny
Deputy Chair: Dr David Farren

Conference Agenda Committee

Dr Oluwarotimi Bello
Dr Vinod Gadiyar
Dr Nadia Roberts
Dr Bhairavi Sapre
Dr Meenakshi Sharma
Dr Shrilay Sinha
Dr Helen Neary
Dr Mike Henley
Dr Shanu Datta
Dr Simon Walsh
Dr Andrew Thornley

#consultantsconf

A brief guide to the 2025 consultants conference

Function of conference

The primary purpose of the consultants conference is to provide policies for the consultants committee (CC) to take forward over the coming year.

Agenda outline

The conference agenda outlines the schedule for the day, with the morning session comprised of a keynote address by the co-chairs of the committee and motion debates. The afternoon is comprised of a series of workshops followed by further debates.

Motions are received from a number of constituent bodies such as medical staff committees (MSCs), regional consultants committees (RCCs) and from the subcommittees of the CC. In addition, motions from other BMA conferences are sometimes transferred to the consultants conference for consideration if they are directly relevant to consultants. The deadline for receipt of motions was 12pm on 20 January 2025.

What is a motion?

A motion is a proposal for action or statement of opinion which, if passed, becomes CC policy.

How are the motions organised?

A number of motions are received each year from our constituent bodies. These are grouped and prioritised for debate by the conference agenda committee. This year a number of key topics were identified for debate and the majority of motions are based around these areas.

In the agenda, each new topic appears in bold with the time allocation alongside it. Similar motions on a specific element of that topic are grouped in a bracket (appearing as a thick black line to the left) with only the starred motion (*) being debated and voted on. As such, the starred motion is the only motion that has the potential to become policy. Any constituent is able to speak in a debate, although the chair will usually give priority to speakers from constituencies with motions within the bracket. Greyed out motions signify motions that are unlikely to be reached for debate.

You may object to the choice of starred motions either because you do not agree with what the motion is proposing, or you feel that another motion within that bracket would be preferable. In such instances, you are able to suggest changes to the bracketing/starring. These must be received by **12pm Sunday 2nd March 2025**. In addition, conference can vote to prioritise one further motion for debate. There will be a virtual poll for this motion.

Types of motion

In addition to the motions prioritised for debate in the main agenda, there are two types of motion to be aware of:

- **'A' motions** prefixed with 'A' are in line with accepted BMA policy and are therefore not debated.
- **Topical/Emergency motions** consider issues which have arisen since the deadline for receipt of motions and which could not have reasonably been considered before that date. If you wish to submit a topical motion, the deadline is **12pm on Sunday 2nd March 2025**. Please send these to: info.cc@bma.org.uk.

Revision of the agenda post-publication

Amendments to the motions on the agenda must be submitted to the agenda committee by **12pm on Sunday 2nd March 2025**. You can do this by emailing info.cc@bma.org.uk.

An updated supplementary agenda will be issued on the day before of conference. The agenda committee continues in session through conference to help and guide you through the day and to advise and provide the chair with a list of speakers for each debate. Withdrawn motions or minor clarification on the day must be submitted by **12pm on Sunday 2nd March 2025** to info.cc@bma.org.uk for approval by conference.

How is the debate conducted?

- In order to take part in a debate you will need to complete an electronic speaker's slip on the streaming platform. We advise delegates to submit these up to 15 minutes before the debate is scheduled to take place. You should complete the speaker slip as appropriate, indicating whether you are speaking for or against, and if you have any particular expertise in the area of debate.
- Please note that filling out a speaker slip does not mean that you are obliged to speak. You may decide not to speak when the time comes and, in such cases, please let the agenda committee know through our platform if you choose to withdraw your speaker slip.
- The agenda committee will provide a list of speakers for the chair. The conference chair balances debate by calling speakers both for and against. The proposer speaks up to three minutes whilst other speakers have two minutes. The co-chairs of CC then have the opportunity to respond to the debate.
- The proposer has the right to reply to the debate in up to two minutes. However, no new points may be made in the reply. To help move the debate along, proposers may be asked to waive the right of reply.

(a) Proposing a motion:

- Following publication of the agenda you will be contacted in advance by consultants committee secretariat to check if you are happy to propose your motion on the day of the conference.
- Try to communicate your point as briefly as possible: the debate is time limited. It is useful to back your point up with supporting evidence in order to communicate your message as effectively as possible.
- **Avoid defamation. We would like to remind all representatives and members of conference that this is a public arena, and that they are prohibited from making any allegations and/or statements direct or indirect, towards any individual or organisation or any other entity which could give rise to a claim in defamation.**
- In the event that any comments made give rise to any such claim or result in damages or any other costs to any third party then the member or representative making the comment will be deemed to take sole responsibility and liability in respect of the consequences.
- Having proposed a motion, listen to and note the debate as you may wish to reply before the vote to the points raised.
- If there are concerns from other speakers about parts of your motion, consider taking your motion 'as a reference' to the CC to see if other parts can be accepted?

(b) Speaking for or against

- If you are attending in person and are called to speak for or against a motion, you will be asked to come up to the podium at the front. If you are attending virtually, you will be asked to join the 'green room' – a Microsoft teams meeting – before the debate is due to begin. Please join this meeting with your video off and microphone on mute. Open the chat function where you will be notified when to speak. It is important to mute the live stream when you leave to join the 'green room' Teams call. When the chair calls your name for you to speak for or against the motion, please and turn on your camera and speak. After your speech, please leave the 'green room' Teams meeting and return to the live stream to vote.
- You will be given two minutes to speak on the points that the proposer has raised, or the motion as a whole.
- Debate ends when time runs out.
- A vote is taken on the motion electronically. Motions that have more than one part may be voted on separately.
- The chair has a casting vote if necessary.
- Most decisions are made upon a simple majority. Some motions however require a two-thirds majority such as: 'rescinding a resolution of conference,' 'proceed to the next business', 'vote be taken,' 'standing orders be suspended,' or if substantial expenditure of the association's funds would be incurred.
- The chair can rule that if a motion is carried, linked subsequent motions are either covered or fall.

After motions have been passed, they are referred to the CC for consideration and action. Some can also be referred to the BMA's annual representative meeting for further debate.

New attendees

Before the start of the conference, there will be a virtual drop-in session for new representatives to outline the format of the day, set out how the conference works and answer any questions.

NOTES

Under standing order 7, in this agenda are printed all notices of motions for the annual conference received up to **12pm on 20 January 2025.** Although 20th January was the last date for receipt of motions, any RCC, MSC or member of the conference has the right to propose an amendment to a motion appearing in this agenda, and such amendments should be sent to the secretariat by **12pm on Sunday 2nd March 2025** prior to the conference (at info.cc@bma.org.uk).

The agenda committee has acted in accordance with standing order 17 to prepare the agenda, grouping together motions or amendments, which cover substantially the same ground and marking with an asterisk in the agenda, or forming a composite motion or amendment, on which it proposes that discussion should take place.

The committee has identified the most important topics in the agenda and selected for priority in debate an appropriate number of motions or amendments on those topics that it deems to be of outstanding importance. Representatives are also able to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. The ballot for chosen motions will take place electronically before the conference.

SCHEDULE OF BUSINESS TUESDAY 4 MARCH 2025

Time		Motion
10:00	Introduction and preliminaries	1-3
10:20	Report by UK consultants committee co-chairs	4
10:30	Consultant pay	5- 6
11:10	Northern Ireland	7-9
11:30	Break	
11:45	Healthcare delivery	10
12:05	Corridor care	11-14
12:25	Sexual misconduct in medicine	15
12:45	BMA structure and function	16
13:05	Lunch	
14:00	Workshops (round 1):	
	– Consultant charter (BMA house) – Medical associate professionals (BMA house) – Tackling sexism in the workplace (BMA house) – Job planning (Virtual) – NHS 10-year plan (Virtual) – NHS gender identity services (Virtual)	
14:50	Break	
15:00	Workshops (round 2):	
	– Job planning (BMA House) – NHS 10-year plan (BMA House) – NHS gender identity services (BMA House) – Consultant charter (Virtual) – Medical associate professionals (Virtual) – Tackling sexism in the workplace (Virtual)	
15:50	Break	
16:00	Chosen motion	17
16:20	Emergency motion	18
16.40	'A' motions	19-22
16:45	Tribute to Richard Pursand	
17:00	Close	

ELECTIONS AT CONSULTANTS CONFERENCE 2025

Election timetable:
- Nominations open – **12pm Tuesday 25 February 2025**
- Nominations close – **1pm Tuesday 4 March 2025 (day of the conference)**

- Voting opens – **3pm Tuesday 4 March 2025 (day of the conference)**
- Voting closes – **3pm Wednesday 5 March 2025**

Results will be announced via email soon after the close of voting.

Positions to be elected:
- Chair of consultants conference 2026

- Deputy chair of consultants conference 2026

- Six members of the consultants conference agenda committee 2026*

*at least one of whom must not have previously been a member of the consultants committee or the consultants conference agenda committee.

All voting members of the consultants conference are eligible to nominate themselves and vote in this election.

Nominations and votes should be submitted online via the BMA's online election system.

Introduction and preliminaries 10.00 – 10.20

1 Return of representatives

Return of members attending the conference (to be shared later).

2 Minutes

Minutes of the last conference held on 5 March 2024 (CAC 04, 2024-25), enclosed herewith).

3 Report of the agenda committee

(i) That the agenda committee is charged under standing order 17 with recommending the order of the agenda and selecting for priority in debate an appropriate number of motions or amendments on those topics which it deems to be of outstanding importance;

(ii) That in accordance with standing orders 16 and 17, the conference agenda committee, having considered those resolutions due to lapse as policy, recommends the following continue to be policy (CAC 14, 2024-25), enclosed herewith).

4 Report by UK consultants committee co-chairs 10.20 – 10.30

Dr Shanu Datta & Dr Helen Neary

Consultant pay 10.30 – 11.10

* 5 A22CC2025

Motion by Yorkshire RCC
That this conference recognises the growing evidence of collaboration and organisation amongst employers at a regional and ICB level with regards to extra-contractual work and calls on the BMA to reintroduce the national extra-contract rate card.

* 6 A14CC2025

Motion by North West RCC
This meeting is gravely concerned that the pay restoration for consultants promised by the previous government is not high on the agenda of the current Labour government. We demand that the BMA makes it clear to the current government that the consultant medical workforce will take Industrial Action if there is any deviation from the agreement reached on pay reform with the last government.

Northern Ireland 11.10 – 11.30

* 7 A42CC2025

Motion by Conference agenda committee
That this conference continues to decry the persistent late payment of DDRB uplifts in Northern Ireland, and notes that this has been criticised by the BMA and the DDRB in previous years. We are also appalled at plans from DoH (NI) to pay the backdated 24/25 DDRB uplift in instalments instead of at once. We call on the BMA to:

i. Demand that any DDRB uplifts are paid by relevant health departments on time across all nations rather than being delayed excessively, and
ii. Specifically criticise the new concept of paying by instalment in their evidence to DDRB. Doctors cannot be employed on a "buy now, pay later" basis.

8 A28CC2025 **Motion** by Northern Ireland consultants committee
That this conference is appalled at the plans of the Department of Health (NI) to pay the 24/25 DDRB uplift in at least two instalments. Doctors cannot be employed on a "buy now, pay later" basis and calls on the BMA to specifically criticise this in evidence to the DDRB.

9 A34CC2025 **Motion** by Northern Ireland consultants committee
That this conference demands that future DDRB pay uplifts are paid on time, at least in line with other UK nations, and not delayed excessively, as they have been for the last number of years.

Break
11.30 – 11.45

Healthcare delivery
11.45 – 12.05

* 10 A19CC2025 **Motion** by Yorkshire RCC
That this conference strongly opposes the government's intention in its recent announcement to increase NHS contractual work with private sector providers and calls on the BMA to request that government focus on:
i) Allocating public funds towards establishing and enhancing NHS services rather than the private sector;
ii) Training more doctors and nurses rather than fostering a two-tier system that completely undermines the principles of universal healthcare.

Corridor care
12.05 – 12.25

* 11 A43CC2025 **Motion** by Conference agenda committee
This conference is deeply concerned about the rising crisis in emergency care which is resulting in unprecedented crowding in Emergency Departments and delays in ambulance responses leading to unacceptable delays in patient care and avoidable harm, including excess deaths, in hospitals and communities. We call upon the BMA to collaborate with the Royal Colleges to:

i. Lobby the government to rectify the situation as a matter of urgency tackling shortfalls such as understaffing and under-resourcing in both NHS trusts and social care organisations.
ii. Lobby the government to introduce reporting for trusts to record the maximum number of patients being cared for on corridors in each 24-hour period and ensure this data is publicly accessible.
iii. Recommend that all doctors record in their notes the location they are reviewing a patient if not in a proper cubicle/trolley space.
iv. Work with other unions and colleges collaboratively to increase pressure on the government to manage this crisis.

12 A27CC2025 **Motion** by Cheshire and Mersey RCC
This conference is deeply concerned about the rising crisis in emergency care which is resulting in unprecedented crowding in Emergency Departments and delays in ambulance responses leading to unacceptable delays in patient care and avoidable harm, including excess deaths, in hospitals and communities. We call upon the BMA to:

i. Lobby the government to rectify the situation as a matter of urgency tackling shortfalls such as understaffing and under-resourcing in both NHS trusts and social care organisations.
ii. Lobby the government to introduce reporting for trusts to record the maximum number of patients being cared for on corridors in each 24-hour period and ensure this data is publicly accessible.
iii. Recommend that all doctors record in their notes the location they are reviewing a patient if not in a proper cubicle/trolley space.
iii. Work with other unions and colleges collaboratively to increase pressure on the government to manage this crisis.

13 A18CC2025 **Motion** by North West RCC
This conference is appalled by the escalating level of care of sick patients in corridors (corridor care) in hospitals due to lack of adequate facilities and funding in emergency departments. These patients are often frail, elderly and very sick and are left unattended, unmonitored and either untreated or sub optimally treated for prolonged periods resulting in notable morbidity and mortality. This type of care seems to be becoming the norm in most acute hospitals and these corridors are being used as a substitute for wards, which is unacceptable and demoralising for staff. The RCEM and RCN have already called for urgent action on this issue. This is intolerable, undignified, humiliating and unacceptable for patients who have put their faith in the NHS

We demand stringent action from the BMA and the Royal Colleges to force the government to abolish corridor care extremely urgently by providing adequate funding and facilities for hospitals to care for these patients particularly as winter demands for healthcare continue to escalate.

14 A31CC2025 **Motion** by Northern Ireland Consultants Committee
That this Conference decries the concept of "corridor care", which is fundamentally unsafe and undignified for both the patient, and the staff caring for them.

Sexual misconduct in medicine 12.25 – 12.45

* 15 A37CC2025 **Motion** by Cheshire and Mersey RCC
This conference recognises the new legislation placing a duty on employers to prevent sexual harassment of their employees, but more must be done to prevent, investigate, and support those who report sexual harassment in medicine.

We call on: -

1. NHS trusts to include Active Bystander Training within programs of mandatory training for all staff
2. The BMA to lobby for a national anonymous reporting structure for sexual harassment
3. NHS organisations to investigate reports of sexual misconduct with investigators trained in trauma investigations, external to the Trust.
4. The BMA to work with stakeholders, including Working Party on Sexual Misconduct in Surgery, to develop guidelines for providing ongoing support for victims as witnesses in tribunals

BMA structure and function
12.45 – 13.05

* 16 A8CC2025 **Motion** by Southern RCC
Many consultant BMA members are not employed by NHS trusts, for example those working for charitable institutions such as hospices and for commercial organisations such as occupational health providers. They are therefore not represented on regional consultants' councils, as current constitutions only allow members to be drawn from NHS trusts. The constitutions of RCCs must be amended urgently to allow representation for these groups.

Lunch
13.05 – 14.00

Workshops
14.00 – 15.50

Break
15.50 – 16.00

17

Chosen motion
16.00 – 16.20

18

Emergency motion
16.20 – 16.40

A motions
16.40 – 16.45

A 19 A23CC2025 **Motion** by Yorkshire RCC
That this conference calls on BMA to continue to support the consultants in their job planning as more and more consultants are being subjected to aggressive job planning by management in the guise of increasing productivity. This conference
i. wants BMA to continue to support consultants in job planning
ii. calls on all employers to ensure that a typical 10 PA consultant job plan should have 2.5 SPAs as per national terms and conditions of consultant contract
iii. calls on all employers to ensure that all consultants who have teaching commitments to have adequate time in their job plans for their teaching responsibilities, educational supervisors and clinical supervisors should have 0.25 PA for each deanery trainee and non-deanery trainee they supervise.

A 20 A11CC2025 **Motion** by North West RCC
This conference believes that our members are facing increasing bullying and harassment at job plan meetings and insists that members who request BMA support in these meetings receive comprehensive assistance from the BMA.

A	21	A15CC2025	**Motion** by North West RCC This conference notes that in the development of the NHS 10 year plan there are ambitious plans to reform the provision of healthcare in an attempt to reduce waiting lists for medical and surgical treatment without addressing the necessary financial and workforce requirements. We insist that the BMA seeks clarity from DHSC on these basic requirements before major changes are made to existing arrangements
A	22	A16CC2025	**Motion** by North West RCC This conference remains gravely concerned at the continued indiscriminate development of the MAP (AAs and PAs) role and registration with the GMC despite strong objections from the BMA and risks to patients. We call on the BMA to provide guidance and support to all its consultant members so that they can decline undertaking teaching, training, and supervision of MAPs until the NHS and GMC have addressed our concerns.

Tribute to Richard Pursand
16.45 – 17.00

Close
17.00

Grey motions

23 A1CC2025

Motion by Oxford RCC
That this conference calls for a nationally agreed minimum study leave budget for consultants. For example, salaried primary care dentists currently receive £1030 per year and yet most Consultants receive significantly less than this.

24 A7CC2025

Motion by Cheshire and Mersey RCC
Study leave and study leave allowances are integral to the development of consultants and are vital for their capacity to develop and provide high quality care to patients. Allowances are highly variable across the country leading to a 'postcode lottery' dependant on the financial position of the trust they work.

This conference therefore calls for:
1. Clearer Guidance on what employers must offer consultants in terms of access to funding towards CPD activities

25 A2CC2025

Motion by Eastern RCC
This house calls upon the BMA to ensure that remuneration for extra-contractual work done by NHS consultants should:
1) Appropriately value consultant 'off the contract" time, which is being sacrificed to provide healthcare
2) Increase with rise in inflation
3) Be nationally recommended and publicised
4) BMA to maintain a tracker of Trusts' extra-contractual work rates with RAG ratings

26 A4CC2025

Motion by Oxford RCC
That this conference calls for all responsible bodies to immediately accept the new guidance on fees for consultants undertaking mental health act assessments released by the BMA.

27 A13CC2025

Motion by North West RCC
This conference strongly opposes the DHSC recommendation of 2.8% pay rise to the DDRB for 2024/2025 which, goes against our stated aim of full pay restoration. We insist that our members are balloted, so we are ready for Industrial Action to challenge this insufficient proposal.

28 A3CC2025

Motion by Eastern RCC
This house calls upon the BMA to ensure that Pay Progression meetings for NHS consultants due to progress to the next pay point must not be used to coerce consultants into agreeing unworkable job plans and the pay progression must not be held back for not completing mandatory training for reasons beyond the doctor's reasonable control and efforts.

29 A12CC2025

Motion by North West RCC
This conference is seriously concerned at the number of changes made to the 2003 Consultant Contract which have resulted in negligible pay increases. We call on the BMA for negotiations to commence with DHSE to reverse these changes.

30 A41CC2025

Motion London South RCC
The BMA to revisit the component of a consultant's salary pertaining to "London weighting". To call it "City-weighting" and make it fit for purpose for doctors delivering care in areas of high expense and having to pay the housing, subsistence, travel and parking price for the privilege.

31 A10CC2025 **Motion** by North west RCC

This conference believes that the criteria and implementation of partial retirement have been entirely unsatisfactory and insists that the BMA urgently opens a dialogue with NHS Employers to ensure that

i) eligible colleagues are able seek partial retirement without any precondition of reducing pensionable income by 10% for 12 months
ii) the criteria are applied consistently across all NHS trusts
iii) backdated pension benefits are given to all eligible colleagues

32 A24CC2025 **Motion** by Yorkshire RCC

That this conference

i. denounces the difference in salaries of public health consultants depending upon if they are working in local government, NHS or UK Health Security Agency
ii. strongly believes that this discriminates medically qualified Consultants in Public Health Medicine and their colleagues in other clinical specialities and results in difficulty in recruiting and maintaining a skilled public health work force in local authorities
iii. calls on BMA to lobby and work to end this disparity in salaries of public health consultants depending on who is their employer.

33 A25CC2025 **Motion** by Yorkshire RCC

That this conference notes that NHS waiting lists have increased to 7.5 million and calls on the BMA to lobby the government

i. to ensure adequate funding to the NHS so that it can increase its capacity to cope with this
ii. opposes the diversion of public money to private profit-making companies who cherry pick from NHS waiting lists more profitable simple cases.

34 A29CC2025 **Motion** by Northern Ireland consultants committee

That this Conference believes that it is a role of government to provide healthcare for the population, and that they have consistently failed to ensure this is delivered for several years. We call on the BMA to reflect that in their public facing messaging going forwards.

35 A38CC2025 **Motion** by Mersey and Cheshire RCC

In one of his first announcements as Health Secretary, Wes Streeting said he is 'committed to reversing' the underfunding of general practice, shifting the focus of the NHS out of hospitals and into the community. Historical underfunding of the NHS, increasing demand and limited government budgeting clearly requires new initiatives for providing and funding services which is welcomed, but not by diversion of funds from an overstretched secondary care sector into primary care. We call on the BMA to:

1. Continue to lobby the government to invest additional funding for hospitals including improvement of estates and IT provision,
2. Continue to push for addressing staff shortages in secondary care to reduce waiting times and prevent burnout,
3. Support initiatives to improve patient care but not at the expense of the struggling secondary care sector.

36 A40CC2025 **Motion** by London South RCC

Lord Darzi reports that consultants in secondary care are of the correct number but inefficient. He deduces that there are too many "middle managers". We call for the BMA to propose clear plans for redeployment of those personnel to assist consultants directly in all the administrative elements of patient care, contemporaneously. For them to be assigned to an individual consultant, or a group of similar consultants, with the sole purpose to learn the bespoke communication and administrative elements of each patient encounter.

37 A20CC2025 **Motion** by Yorkshire RCC
That this conference requests the BMA to lobby for a comprehensive review of government's plans for the implementation of artificial intelligence (AI) in healthcare and education, particularly focusing on safety netting and ethical considerations and recommends
i) That the awarding of contracts must not be given to companies with questionable ethical backgrounds
ii) That the awarding of contracts must not be given to companies with a history of military and spy applications within the American, UK and Israeli Army.
iii) That the procurement processes for AI technologies must be transparent and accountable.
iv) That contracts are not awarded to companies who do not align with the ethical standards expected in UK healthcare.

38 A30CC2025 **Motion** by Northern Ireland consultants committee
That this Conference believes that all consultants (doctors) should have rapid access to consultant-led occupational medicine. To enable this, we call on the BMA to lobby for the following:
a. Expansion of training within Occupational Medicine across the UK, expand the numbers of OM resident Drs / specialty registrars in NI and recruit 1 new resident Dr per year for the next few years to enable expansion of consultant numbers.
b. Trusts (or equivalent) to be required to fund the service adequately.
c. Trusts (or equivalent) to invest in multidisciplinary occupational health teams, including clinical psychology for stepped care psychological support and consultant psychiatry assessments and treatment advice, OH physiotherapy, OH occupational therapy and occupational psychology.
d. HSCNI to fund a Practitioner Health Service, as the only part of the UK yet to do so.

39 A32CC2025 **Motion** by Northern Ireland consultants committee
That this conference acknowledges the most recent Royal College of Radiologists 2023 clinical radiology and clinical oncology workforce census which reveals a dangerous shortage of doctors and the resultant impact on patient care. There is a 30% shortfall of clinical radiology consultants and a 15% shortfall of clinical oncology consultants across the Four Nations, with both figures projected to rise to 40% and 21% respectively by 2028, with Northern Ireland having the lowest growth in consultant workforce across the Four Nations. This conference asks the Government to implement the three-point plan for recovery of radiology and oncology services as laid out in the census reports as a matter of urgency.

40 A36CC2025 **Motion** by Imperial College Healthcare NHS Trust LNC
This conference notes the increasing pressure on the consultant workforce and also the significant number of resident doctors who are unable to continue training in the UK, in part because of the disjointed workforce planning of the last few years and the lack of training opportunities, and the wasted potential this causes, and:
i) Calls for a significant expansion in the number of training places available for resident doctors
ii) Calls for workforce plans that explicitly commit to expansion of consultant posts, better linking the number of training posts available to the consultant opportunities
iii) Calls for better recognition of the time and effort required from trainers, with increased time per week in job plans for training and supervision
iii) demands that the Government explicitly commits to filling doctor shortages across the NHS with doctors and not other professionals

41 A33CC2025 **Motion** by Northern Ireland consultants committee
That this Conference recognises that health care organisations perform better with an engaged medical workforce and strong medical leadership at the highest levels and proposes that medical leaders should be developed and supported as part of a national program to share learning and best practice across UK NHS organisations.

42 A35CC2025 **Motion** by Imperial College Healthcare NHS Trust LNC
This conference has no confidence in the GMC and calls for the BMA to take active measures to collectively withdraw the support of the profession from it in ways that will result in the shuttering and replacement of the GMC with a new regulator solely of doctors.

43 A39CC2025 **Motion** by London South RCC
The BMA to canvas members if the preference is for appraisal on alternate years instead of annually. This would be more realistic and manageable with the current system and unlikely to be of any less benefit for the consultant reflecting on their work and proposing their next goals.

44 A6CC2025 **Motion** by Cheshire and Mersey RCC
Our RCC is typical of others and is currently struggling to engage members to attend and contribute to the address issues affecting consultants at a regional level. The work of regional committees was integral to the the success of consultant industrial action, and we need now, more than even sustained support and engagement and need better funding to achieve this.
This conference therefore calls for:
1. A review RCCs funding streams to calibrate this with the needs of RCCs to deliver their objectives
2. Autonomy for RCCs to use any additional funding as needed.
3. For RCCs to be able to 'pool' resources with other RCCs if this is mutually beneficial

45 A17CC2025 **Motion** by North West RCC
This conference notes that the King's Fund estimated that 835,000 people received publicly funded care in 2022, Age UK the charity, estimates there are about two million people in England who have unmet care needs, and according to the workforce organisation Skills for Care there are currently 131,000 vacancies. In the context of this, we note that the Social Care review by Baroness Casey launched by the Secretary of State for Health and Social Care reports by 2028. However, we urge the BMA to impress on Mr Streeting that:
I. the proposed long timeline for the report is damaging to the cause and his party;
II. the report is likely to be outdated as soon as it is released because the problems will have multiplied.
III. there is sufficient data available to urgently tackle the matter of discharge delays and clogging up of the NHS;

46 A5CC2025 **Motion** by South RCC
The Terminally Ill Adults (End of Life) Bill passed its second reading on 29 November 2024. This raises serious potential moral hazards for consultants, and serious potential adverse impacts on health services. In discussions with the government regarding assisted dying, the BMA must be clear that, if the bill were to become law:

1. An opt-in model is adopted for providers, and no consultant shall be expected to be involved in any part of the assisted dying process, including having no obligation to either suggest assisted dying to patients, nor refer patients for it;

2. Assisted dying is not a health activity and it must not take place in NHS or other health facilities, and assisted dying providers must be employed under separate contractual arrangements.

47 A9CC2025 **Motion** by North West RCC

This conference demands that the BMA campaigns for IMGs to be treated fairly with equal opportunities for training and a nationally agreed LED contract that offers

i) Proper induction and balanced job plans.
ii) Allocation of educational and clinical supervisors.
iii) Access to appraisal, PDP, and progress monitoring.
iv) Consideration of previous experience.
v) Nodal points for salary progression based on experience gained.

48 A21CC2015 **Motion** by Yorkshire RCC

That this conference recognises the importance of providing opportunities for international medical professionals from regions affected by conflicts and urges the BMA to support initiatives to assist postgraduate medical students from Gaza in obtaining training status in UK hospitals, similar to the work carried out by REACHE and WARD, in introducing refugee doctors to the UK.

49 A26CC2025 **Motion** by Yorkshire RCC

That this conference strongly condemns human rights violations committed by all parties and calls for comprehensive accountability and justice for serious breaches of the laws of armed conflict and gross human rights violations in Gaza, the West Bank, Israel and

i. notes with dismay that humanitarian situation in Gaza has reached a critical point, with the healthcare system on the brink of collapse. The World Health Organization (WHO) reports that out of 36 main hospitals serving over 2 million people in Gaza, only 17 are partially functional, severely limiting access to medical care
ii. calls upon UK government and the international community to provide financial support for urgent health needs and the reconstruction of Gaza’s healthcare system

Appendix 1
Consultants conference resolutions 2024

Please note that we are only part way through the session and accordingly, not every resolution from last year's conference has been fully actioned yet. We ask that you take this into account when considering the below update.

5 A53CC24

Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE
That this Conference is appalled at the state of the Health Service in Northern Ireland through chronic underfunding, leading to the worst waiting lists and increasing health inequalities compared to other UK nations. We call on the BMA to lobby the Westminster government and the Secretary of State for Northern Ireland to release withheld funding immediately and properly resource HSCNI.

The BMA's central budget and spending review submissions primarily focus on England, as health funding is a devolved matter – however, we do preface our submissions with the statement that all funding increases for England should result in corresponding increases in the devolved nations through the Barnett formula. So indirectly, we have been calling for increased funding for NI, but nothing specific about releasing funding. NI was without a government for two years and no budget had been agreed politically, which resulted in stagnation which led to increased waiting lists, outdated infrastructure, doctors moving to other nations for better pay and conditions etc. Since then, there has been significant industrial action by medical/dental/nursing and Agenda for Change staff regarding pay, and negotiations have been ongoing to resolve this issue. The House of Commons Northern Ireland Affairs Select Committee recently met to hear oral evidence on the funding and delivery of public services and heard from NI council chair Dr Alan Stout, who spoke about the extreme financial challenges within the health service, the push for full pay restoration and the continuing impact of the lack of a multi-year budget for Northern Ireland. We will continue to discuss with colleagues in the devolved nations for opportunities to shape the decisions of their respective Governments and If any further support is required centrally from the BMA's economic and policy support team.

6 A7CC24

Motion BY OXFORD RCC
That this conference calls upon trusts that are employing consultants on over 10 Programmed Activities for a year or more in a department to convert those PAs to additional permanent consultant posts to protect the wellbeing of consultant staff.

CARRIED AS A REFERENCE

A survey of consultant members was sent out in September regarding various aspects of the job planning process. This survey has helped CC officers to better understand the number of PAs consultants are typically working and how their time is being allocated. This data will help to gauge the extent to which consultants are working over 10 PAs, and whether the creation of additional permanent consultant posts on this basis is something that the BMA should be advocating for.

8 A57CC24

Motion BY CONFERENCE AGENDA COMMITTEE
That this conference notes the vast difference in SPA allocations between Trusts for various roles and activities, including those of LNC chair/deputy, resulting in pay differentials, gender gap differentials and potential misuse of non-working time to undertake SPA. While there have been recommendations for time allocation by the BMA and other organisations, it is proposed that the BMA:

i. Mandate that all job plans policies include a requirement for a minimum of 2.5 SPAs.
ii. Provide 'minimums' guidance for various activities to standardise SPA allocation across Trusts (e.g. LNC chair, audit, governance, teaching, etc.) for BMA members.
iii. Push for additional and equivalent SPA allocation for training other health care professionals, aside of the minimal amount given for time spent as an

Educational Supervisor or appraiser, given the expanding and changing workforce impacting on the quantity of clinical supervision.

iv. Provide guidance for doctors to not undertake SPA activities that are not remunerated or given time provision.

v. Clear definition of the role of the clinical supervisor, including appropriate time allocation, when applied to non-medical prescribers.

The survey on job planning that was sent to consultant members in September asked various questions regarding the allocation of Supporting Professional Activities (SPA) time. The data collected through this survey will help the committee to better understand what the "typical" SPA allocation for our members is going forward.

As per the BMA consultant model contract, the BMA does recommend that a job plan should have a minimum of 2.5 SPAs. However, negotiation of job plans is ultimately something that happens at a local level, and so it is unclear the extent to which the BMA can "mandate" this.

UK CC officers have been hosting a series of job planning webinars, touching on many of the above issues, which will help consultants to better understand their contractual rights on this topic so they they can better advocate for themselves on this issue.

9 A42CC24

Motion BY IMPERIAL COLLEGE HEALTHCARE NHS TRUST LNC

This conference:

i. Notes the importance for many specialties of senior doctors being available at short notice out of hours to attend emergencies

ii. Notes that in many areas it is increasingly unaffordable to live within the specified maximum journey time from the work site

iii. Demands more use by employers of geographic pay premiums that better reflect the additional cost of living near particular areas

iv. Demands that employers provide the option for senior doctors to use free on-site accommodation (which must meet standards agreed nationally with the BMA) or paid-for nearby hotel accommodation to allow non-resident on-call doctors to be within the required distance of their workplace out of hours

v. Demands that doctors who take up this facility should be paid at a higher rate to reflect the fact they are not on call from their own home.

TAKEN IN PARTS – i., ii., AND iii CARRIED. iv. and v CARRIED AS A REFERENCE

Due to a focus on the pay campaign, we were unable to take action on this motion during the previous session. It remains CC policy, however, and we will continue to advocate for this during the second half of the session.

11 A47CC24

Motion BY MERSEY AND CHESHIRE RCC

This conference notes the increase in demand for acute psychiatric beds over the past decade. The lack of availability of beds has led to a backlog of patients waiting in A&E for unacceptable long periods of time, posing a significant risk and distress to patient with negative impacts on their wellbeing and prognosis.

This conference condemns the practice of allowing patients to remain in A&E for indefinite periods and calls for penalties to be applied where waiting times are breeched.

The BMA has continued to highlight the impact a shortage of beds has on the NHS, including the impact of too few psychiatric and mental health beds on the system as a whole. The BMA has recently updated our analysis of NHS beds data in England and, in September 2024, updated analysis of mental health bed numbers and occupation levels – which clearly illustrated the issue described in the motion. Alongside this, we also continue to publish monthly analysis of A&E performance data in England, as well as broader analysis on pressures in Northern Ireland,

Scotland, and Wales on dedicated pages on our Pressures Hub. In addition, the BMA raised this issue in our submissions to Module 3 of the COVID-19 inquiry and in our submission to the Change NHS consultation, which will inform the development of the coming 10 Year Health Plan.

12 A45CC24

Motion BY IMPERIAL COLLEGE HEALTHCARE NHS TRUST LNC
This Conference:

i. Notes multiple ongoing serious problems between the GMC and the profession it regulates, where the GMC is not dissuaded from its course of action by the concerns of doctors and medical students

[ii – see below]

ii. Believes that the GMC should not regulate PAs/AAs

The GMC was requested to become the regulator for PAs/AAs by the Government in 2019 following a consultation (in 2017) to which the BMA professional regulations committee responded indicating the BMA's view that the HCPC would be the appropriate regulator, as did several other organisations. GMC regulation has now been set into law following an Order in Council passed by Parliament earlier this year (despite extensive lobbying by the BMA and individual doctors).

The PRC continues to re-state the BMA position on the statutory regulation of PAs and AAs, as noted in the response to the GMC Rules consultation in 2024. It has been clear that their professional titles should revert to Physician Assistants and Anaesthesia Assistants respectively, and that the term 'medical professionals' should only be used to describe medical practitioners and not members of associate professions.

iii. Notes previous BMA policy calling for radical restructuring of the GMC (including the dismissal of its leadership team) to address inter alia issues relating to BME doctors and doctors under investigation

[iv. – see below]

iv. Notes previous BMA policy calling for an elected medical majority on the Council of the GMC

On 10 January 2025, four new members joined the GMC Council. Two of these are registrant members, therefore maintaining the 6 registrant members, 6 lay members composition. Moving forward, legislative reforms (fulfilling DHSC ambitions set out in various consultation responses) would see the GMC overseen by a Unitary Board with executive and non-executive members, rather than a Council. The GMC expect these legislative reforms to contain rigid legal requirements on the composition of the Board, and it is expected that registrants would not comprise more than half the membership

v. Notes the increasing weaponization of GMC referrals in online and offline interactions with doctors

vi. Notes that repeated expressions of no confidence in the GMC have not resolved these problems

vii. Calls for the BMA to organise a coordinated threshold commitment to withhold GMC annual retention fees unless BMA council is satisfied that sufficient action to resolve the above issues is underway by ARM 2025.

The professional regulation Committee (PRC), through its chair, continues to challenge the GMC on its approach to professional regulation and fairness in proceedings. In response to motions calling for the dismissal of the current GMC leadership and the withholding of registration fees, external legal advice was commissioned to provide an opinion on the legal risk to members (and the association) of pursuing this course of action. This will be considered by council before the end of the session.

13 A40CC24

Motion BY LONDON SOUTH RCC
This conference recognises the value of a mixed workforce but maintains the need for the reform of the Physicians' Associate (PA) role.
We believe:

i. The physician associate's role is to assist doctors.

This has been central to our influencing work so far and will be a key factor in our input to the Leng Review.

ii. The term "physician associate" should be replaced by "physicians' assistant".

We have been lobbying for a return to the previous PA title of "physician assistant" (no possessive apostrophe) for some time and again this will be a key factor in our input to the Leng Review.

iii. Regulation of physicians' assistants should be by the Health & Care Professions Council not the GMC.

We argued for this in our response to the initial consultation on regulation and have continued to do so since. Regulation by the GMC is now under way. Regulation will be considered as part of the Leng Review.

iv. Supervision of physicians' assistants should be optional, and exclusively by consultants who have appropriate time in their job plans.

This is clearly stated within the BMA's supervision guidance and will be a key factor in our input to the Leng Review.

v. Physicians' assistants should not receive training opportunities at the expense of doctors in training.

This has been central to our influencing work so far and will be a key factor in our input to the Leng Review.

vi. We reject the concept of autonomous practice for physicians' assistants and the 4 Tiers of practice described in the GMC consultations on PAs.

Our response to 2024's consultation on a career framework for MAPs took this line and development of the framework was subsequently put on hold.

We call on BMA Council to prioritise these principles in consultations & negotiations with the Government

15 A51CC24

Motion BY MERSEY AND CHESHIRE RCC
This conference believes that the BMA should refuse to engage with the Sun newspaper other than when demanding apologies and corrections. All interviews and requests for comments should be refused and Sun journalists should not be permitted to attend any BMA events e.g the ARM.

This is a consultants conference motion which has passed but has not been debated and/or passed at ARM. This means it is not a policy we can apply to the wider BMA media at this time.

That said, respecting CC's wishes, and looking at a CC specific approach, we have taken the following steps:

- *We have not actively invited the Sun's Health reporter to consultants conferences*
- *We have not been proactive in offering them consultant related stories or interviews.*
- *If media are to be invited to this year's CC conference, we will not specifically invite a rep from the Sun news desk.*

– *We respective individual officer's preferences to not be interviewed by or quoted in the Sun on a proactive basis and we will continue to respect and adhere to that desire.*

28 A26CC24

Motion BY SOUTHERN RCC
That this conference notes the ongoing media and political pressure to legalise assisted dying in the UK, and the assumption that this will be carried out in health care facilities. It further notes the clear evidence from the BMA's 2020 assisted dying survey, which shows most doctors, and an even greater majority of consultants, are unwilling to either be involved in the prescribing of drugs for assisted suicide or in performing euthanasia. It reaffirms the Hippocratic principle of "doing no hurt or damage to our patients and refusing to administer poison to anyone". It urges the BMA to ensure that consultants are not expected to be involved in provision of assisted dying in any way.

The BMA has been very successful in ensuring that our members (including, but not only, consultants) are not expected be involved in the provision of assisted dying in any way, should it be legalised. We have sought to achieve this through four provisions in any legislation:

1. *an 'opt-in model' for doctors – so that only those doctors who positively choose to provide an assisted dying service are permitted to do so;*
2. *recognising that doctors who do not sign up to provide the actual service, may still be asked to provide a professional opinion on capacity or life-expectancy, as part of the assessment process, we have called for doctors to have a general right to decline such requests, for any reason, not just on grounds of conscience; and*
3. *a specific clause to ensure there is no duty on doctors to raise the issue of assisted dying with patients who may be eligible – this ensures there is no legal obligation (under common law judgments in the Montgomery and McCulloch cases) to raise it as a 'treatment option;'*
4. *statutory protection from discrimination or detriment based on an individual's decision to, or not to, participate in a lawful assisted dying service.*

In those jurisdictions where amendments have been debated (Isle of Man and Jersey) or where we were able to engage with the proposer in advance of publication of the Bill (Westminster – Kim Leadbeater MP) we have had considerable success.

In Westminster, all of these points are included in the Bill, as introduced to the Commons. In Jersey, all four points are now in the final proposals and will be included in the Bill that is being drafted. In the Isle of Man, we have successfully achieved 1, 3 and 4 and are still pushing hard for 2 in the final stages of the Bill's consideration. We have also argued strongly in favour of all four points in Scotland, both in discussions with the member who introduced the Bill (Liam McArthur MSP) and in our written and oral evidence to the Health, Social Care and Sport Committee that is currently considering it. Other medical organisations are also following our lead and picking up these issues.

More information about what the BMA is calling for, and our engagement in the different jurisdictions, can be found at: www.bma.org.uk.

16 A23CC22

Motion BY MERSEY AND CHESHIRE RCC

This conference notes the government's recent decision to threaten financial penalties to NHS trusts that are unable to meet 76% compliance with the 4-hour target in emergency departments in March. This will inevitably mean a focus on 'quick wins' with the 'non-admitted' group to the detriment of record numbers of patients experiencing extended trolley waits of 12 hours or more. We demand:

i. That the government address the real issue of poor target performance in emergency departments of exit block due a lack of available inpatient beds.
ii. That the government address the crisis in social care which currently prevents the discharge of medically fit patients from acute hospital beds.
iii. That the government withdraws the politically driven threat of financial penalties for trusts that are unable to achieve this target in one arbitrary month.
iv. That the government takes steps to address the plight of record numbers of '12 hour trolley waits' which reached a staggering 177,805 patients in January alone and which is leading to avoidable deaths of patients and burnout of frontline NHS staff.

The BMA and consultants committee have strongly highlighted the need for action on A&E performance, winter pressures, and 12 hour waits:

i. The BMA has continued to raise the issue of insufficient beds within the NHS, stressing this point via our recently updated analysis on the BMA website, as well as in our work on NHS estates and our submission to the Autumn 2024 UK budget.
ii. We have persistently pointed out, including in our submission to the Change NHS (10 Year Health Plan) consultation, that the crises in social care are severely impacting bed occupancy in hospitals.
iii. The BMA has been consistently critical of financial penalties linked to targets and believe they create perverse incentives and risk 'gaming' by Trusts. We have called for more consistent, long-term funding with in-built funding to cover winter and periods of high pressure, including in our submission to the Change NHS consultation.
iv. The BMA and CC supported a joint letter raising the issue of corridor care with the Health Secretary in January 2025, which calls for serious action on this issue and the long waits patients are experiencing.

Appendix 2
Consultant's conference standing orders

1. The UK Consultants Conference

The BMA Consultants Committee (CC) shall convene each year a conference of representatives of consultants. The Conference shall be held on a date to be determined by the CC. The Conference shall be known as the UK Consultants Conference. CC may convene one or more extra conferences at dates to be determined by the CC and Conference Agenda Committee. Such a conference shall be known as a 'Special Conference' and shall usually be called on matters of policy requiring expedient decisions of the representatives of consultants, specialists and Senior Hospital Medical Staff.

2. Members of Conference

The Conference shall be composed of voting and non-voting consultant representatives.

Voting members:

- One consultant representative elected by each NHS Medical Staff Committee or equivalent in the United Kingdom or, where a Medical Staff Committee is not active, the relevant Local Negotiating Committee.
- All voting members of the Consultants Committee.
- 3 consultants elected by the Medical Women's Federation.
- The Chair and Deputy Chair of the Consultants Conference (from the previous year's Conference election). All members of the Conference Agenda Committee.

Non-voting members:

- All non-voting members of the Consultants Committee if not otherwise specified below.
- 1 non-voting consultant representative from each organisation that represents doctors from minority groups; the organisations to be those on the list published by the BMA Equality and Diversity Committee.
- 2 General Practitioners appointed by the General Practitioners Committee of the BMA.
- 2 Resident Doctors appointed by the Resident Doctors' Committee of the BMA.
- 2 SAS Doctors appointed by the SAS Committee of the BMA.
- 2 consultants appointed by the British International Doctors Association.
- 1 consultant representative of the Academy of Medical Royal Colleges.

In the event of there being spare places available, these will be allocated on a regional basis to any consultant who wishes to attend.

3. Appointment of Deputies

i. Deputies may be appointed for each representative. They may attend the Conference and act as a representative should the appointed representative be unable to attend.

ii. The responsibility for appointing deputies shall lie either with the body that appointed the representatives or, in the case of regional and national members of the CC, with the relevant regional or national committee. A regional or national committee may, if it wishes, delegate to the CC the responsibility of finding a deputy, who may be appointed from outside the region or nation.

iii. Deputies for those members of the CC elected by the Representative Body shall be appointed by the CC for the representatives from England and by the relevant national consultants committee for the representatives from Scotland, Wales and Northern Ireland. British Medical Association Consultants conference agenda 2021 33

4. Interpretation of 'Representatives'

Wherever in these Standing Orders the words 'Representative' or 'Representatives' are used they shall mean Representatives appointed under Standing Order 2 and shall include the Deputy so appointed under Standing Order 3 for any Representative who is absent.

5. Eligibility of Representatives

All voting representatives shall at the time of their election be medical practitioners who are or who have within the preceding six months been under contract as a consultant as defined from time to time within the Articles and Bye Laws of the BMA/Standing Orders of the CC.

6. Tenure of Office of Representatives

The Representatives elected to act at the Annual Conference shall continue to hold office until the commencement of the succeeding Annual Conference, unless the CC is notified to the contrary by the Committee or Subcommittee concerned.

7. Composition of the Agenda

a. Motions, amendments and riders for the Conference Agenda may be submitted by Medical Staff Committees (or LNCs), the regional and national consultants' committees and the CC, its subcommittees and the specialty leads. Motions, amendments, and riders submitted to the Conference Agenda must include a proposer and seconder from the constituent body with the exception of motions, amendments and riders submitted by specialty leads. The seconder for a motion, amendment or rider submitted by a specialty lead should be seconded by a consultant from the same broad specialty. The proposer and seconder must include contact details when the motion is submitted, including their email address and/or their phone number.

b. Subject to the next following subsection, there shall not be included in the agenda any motion which has not been received by the Secretary of the CC by a date to be determined annually by the CC. Any amendment or rider (submitted by a committee or subcommittee) to any items on the agenda must be notified to the Secretary of the CC by 12 noon on the Friday of the week preceding the week in which the Conference takes place.

c.
   i. There may be included in the agenda such other motions, amendments or riders (or composite motions, amendments, or riders as the case may be) which have been set down for consideration by the ARM of the BMA, as may be recommended by the Conference Agenda Committee or Joint Agenda Committee to facilitate debate on matters pertaining to the business of Conference.
   ii. There may be included in the agenda 'topical motions' on events that have occurred since the deadline for motions and before the start of the final meeting of the Conference Agenda Committee before conference. It shall be the decision of the Agenda Committee whether such motions submitted are 'topical' and pertaining to new business which could not have been foreseen prior to the deadline for submission of motions and should be put to the conference for debate. Time shall be set aside in the second session of conference for debate on topical motions. Any amendments or riders to topical motions must be submitted to the Agenda Committee by 11.00am on the day of Conference.
   iii. Emergency motions on events that have occurred since the final meeting of the Agenda Committee may be submitted to the Conference Agenda Committee. It shall be the decision of the Agenda Committee whether such motions submitted are 'emergencies' 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.

d. No motion to rescind any resolution of a previous Conference shall be in order unless it is passed by a two thirds majority of those members of Conference present and eligible to vote. The Chair of Conference shall indicate at the beginning of the debate on those motions which he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority. 34 British Medical Association Consultants conference agenda 2021

e. In addition to the motions prioritised by the Conference Agenda Committee, representatives will be invited to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Representatives will be invited to indicate up to one item on a form electronically which should be completed and returned in advance on of the morning of Conference. The most popular items selected will then be prioritised for debate under the "Chosen Motions" section of the agenda.

8. Motions not published in the Agenda

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

a) Motions covered by Standing Order 10 (Order of Business), 11 (Time limit of speeches), 14(h) (Motions for adjournment or that the vote be taken), 14(i) (Motions that the Conference proceed to next Business), 22 (Suspension of Standing Orders), and 23 (withdrawal of Strangers).

b) Motions relating to votes of thanks, messages of congratulations or of condolence.

c) Composite motions replacing two or more Motions already on the agenda and agreed by Consultants' Conference Agenda Committee mentioned in Standing Order 7 (a).

9. Motions not dealt with

Should the Conference be concluded without all the agenda having been considered, and motions (except those prefixed by the Agenda Committee with an "A" or "AR" under SO 18c(iii) and (iv)) not considered shall be referred back to the sponsoring constituency. If the sponsoring constituency wishes such a motion to be pursued, it shall be entitled to submit a written memorandum for the consideration of the CC. Any motions prefixed by the Agenda Committee with an "A" or "AR" not considered at the close of Conference shall not require to be referred back to the sponsoring constituency but shall stand as policy of Conference.

10. Order of Business

a) The order of business may, in exceptional circumstances be varied at any time by the vote of two thirds of those present and voting.

b) Prior to the beginning of debate, representatives will receive the Standing Orders of the Conference and a notification of any amendments. In the event that any representative wishes to raise an objection to the Standing Orders or any amendment thereof, he/ she shall submit his/her request in writing, indicating his/her reasons to the Agenda Committee prior to 5pm the evening before the commencement of the Conference. The Chair shall have discretion to allow the member concerned to address the Conference for not longer than two minutes and shall thereafter ascertain the wishes of the Conference.

11. Speeches

a) Time limit of speeches:

  i. A Member of the Conference proposing a motion shall be allowed to speak for three minutes.

  ii. The speech introducing the report of the CC by the Chair (or Deputy) of the CC shall be limited to 10 minutes.

  iii During debate of 'P' motions as defined under SO 17(c)(ii) and other open microphone sessions speeches shall be limited to one minute.

  iv. All other speeches on a motion under debate both for and against, shall be limited to two minutes.

  v. The Conference may at any time reduce the time to be allowed to speakers and in exceptional circumstances a speaker may be granted an extension of time as Conference permits.

b) Notification of an intention to speak in any debate (with the exception of open microphone sessions) shall usually be by the filling out of a 'speaker slip' to be handed in to the Agenda Committee before the commencement of debate. Members must indicate on which debate they wish to speak and whether they are 'for' or 'against' or if they are proposing the motion. Under exceptional circumstances and only with the permission of the Chair may members speak during a debate having not filled out a speaker slip.

12. Voting

Only 'voting members' of the Conference as defined in SO2 shall be entitled to vote at the conclusion of debates and in elections.

13. Mode of Voting

Voting shall be by electronic methods approved by the Conference Agenda Committee from time to time. In the event of an equality of votes, the Chair shall have a casting vote to be used at their discretion.

14. Rules of Debate

a) A Member will address the Chair.
b) Debates on all motions, amendments and riders shall proceed as follows:
   a. The Proposer of the motion
   b. Speakers on the motion (either for or against, generally to be taken alternately)
   c. The Chair of CC (or their Deputy) and/or Chief Officers to reply to the debate
   d. The Proposer in reply to the debate
   e. Voting
c) A Member shall not speak more than once on any motion, amendment, or rider, but the mover may reply at the end of debate, and in their reply shall strictly confine themselves to answering previous speakers and shall not introduce any new matter into the debate.
d) "P" Motions as defined under SO 17(c)(ii) shall normally be debated as 'open microphone' sessions.
e) o amendment to any motion, amendment or rider, save those put forward by the Conference Agenda Committee to facilitate debate under SO 7(c) shall be considered unless a copy of the same with the names of the proposer and seconder and their constituencies has been forwarded 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 late amendments will only be acceptable if designed to obtain minor textual clarification of the motion, amendment, or rider. Amendments which substantially change the meaning of the original motion will not be accepted.
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.
h) Iit be proposed and seconded that the Conference do now adjourn or that the debate be adjourned, or that the vote be taken, such motion shall immediately be put to the vote without discussion, provided always that the Chair shall have the power to decline to put to the Conference the motion that the vote be taken. If a motion that the vote be taken is carried by a two-thirds majority, the Chair of Committee or other duly authorised spokesperson of the Committee, shall be permitted to respond and the mover of the original motion shall have a right of reply before the vote.
i) If it be proposed and seconded that the Conference move to next business without further debate or vote, the Chair shall have power to decline to put such a motion to the Conference. If the motion is accepted by the Chair the proposer of the preceding motion, amendment or rider shall have the right to reply to the relevant debate and the proposal to move to next business before the motion to move to 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 move to next business.
j) In the event that any member objects to a motion having an "A" or "AR" designation, the "A" or "AR" shall be removed from the motion and the motion will not be debated or passed as policy (unless the motion becomes a chosen motion).

15. Election of Chair and Deputy Chair

a) At each Conference a Chair and Deputy Chair shall be elected who shall hold office from the termination of that Conference until the termination of the next following Conference. All voting members of the Conference shall be eligible for nomination.
b) Nominations for Chair must be in writing and delivered to the Returning Officer on the day of the Conference.
c) Nominations for Deputy Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

16. All resolutions passed by the Conference shall lapse as policy after 5 years unless reaffirmed by Conference. The Agenda Committee shall recommend in a motion to Conference those resolutions to be reaffirmed for a further 5 years and Conference shall vote on that motion. Amendments may be put to that motion to exclude or include individual resolutions.

17. Conference Agenda Committee

a) The Agenda Committee shall consist of:
- The Chair and Deputy Chair of the Conference
- The Chair and Deputy Chairs of the CC
- 6 members elected by the Conference at least one of whom must not have previously been a member of CC or the Conference Agenda Committee

b) Nominations for the Agenda Committee for next year's conference must be handed in electronically before or on the day of the Conference, the voting, if any, taking place during the afternoon session. Any voting Member of the Conference may be nominated for the Agenda Committee.

c) The duties of the Agenda Committee shall be:

i. to group items covering substantially the same topic(s) with a bracket, and mark with an asterisk that item which it recommends for debate. If the Committee considers that no motion, amendment or rider in the group adequately covers the ground, the Committee shall have power to draft a composite motion, amendment or rider. The Committee or Subcommittees submitting the motions so grouped shall be informed of the decision of the Agenda Committee, and if anyone raises objection in writing prior to the day of the Conference, the matter shall fall to be decided by the Conference. The mover of an Agenda Committee composite motion shall be the constituency whose motion is first in the bracket immediately below the Agenda Committee's motion;

ii. to identify the most important topics in the agenda and select for priority in debate an appropriate number of motions or amendments on those topics which it deems of outstanding importance. Such motions or amendments shall be printed in heavy type and be given the prefix "P";

iii. to prefix with a letter 'A' those motions which it considers to be reaffirmation of existing policy or which are regarded by the Chair of the CC as being non-controversial, self-evident or already under action or consideration, 'A' motions will not be voted on separately but will be presented in an appendix at the end of the agenda and automatically become policy of the conference;

iv. to prefix with the letters 'AR' any motions relating to new matters which the Chair of the CC is prepared to accept for further consideration without debate as a reference.

v.to make recommendations to the Conference as to the order of the agenda, and the conduct of the business of the Conference;

vi. to consider, and if thought fit, to make recommendations under Standing Order 7(c).

vii. consider those resolutions which are due to lapse as policy and to recommend to conference which of them should continue to be policy. In making their decision the Agenda Committee shall consider whether the resolution has been superseded by events or by new policy or is out of date.

viii. to shade grey motions which it considers should not be prioritised for debate. Such motions shall be listed at the end of any relevant timed section of the agenda but not usually debated. These motions are however eligible to be chosen as per SO 7(e). British Medical Association Consultants conference agenda 2021 37

18. Joint Agenda Committee

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

19. Visitors to CC

Conference may propose Conference Representatives to CC to take up office immediately after Conference until the following Conference. Any consultant member of Conference may stand subject to the rule that they shall not have previously sat as an ordinary member of CC or as a previous visitor via any other visitor scheme. The number of such Conference Representatives and their method of appointment shall be determined annually by the CC and notified to members of Conference.

20. Returning Officer and method of Election

The Secretary of the BMA or a deputy shall act as Returning Officer in connection with all elections. All elections by Conference shall be by the Single Transferable Vote method.

21. Chair's Decision

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

22. Suspension of Standing Orders

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

23. 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.

24. Press

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

25. Quorum

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

26. Minutes

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

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