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ARM elections 2024 – online nominations and voting

Several elections to BMA committees and boards are held at the ARM. This document outlines the committees to which all BMA members can self-nominate.

Elections at the ARM will be conducted through the BMA [online election system](#).

If you require any support with the system, please contact a member of the elections team elections@bma.org.uk

Be prepared

Know your BMA username and password. It is essential that you have these to sign into the BMA website, to access the online elections system. If you do not know your BMA username and/or password, please follow the “forgotten username?” prompt or contact us on **0300 123 123** for retrieving or setting up a web account.

Keep your membership details up to date

You will only be able to view and nominate yourself for elections where the criteria for the seat/post corresponds with your current membership details. Go to bma.org.uk/my-bma to check and/or amend your details or contact us on **0300 123 123**. A full list of the elections taking place at this year’s ARM is attached in Appendix 1.

Don’t leave it to the last minute!

Nominations for all ARM committee and board elections open at **12.00pm (noon) Monday 20 May 2024** so you have plenty of time to draft, save and edit your nomination on the system, at anytime and anywhere, leading up to the deadline of **12.00pm (noon) Monday 23 June 2024**. We would also encourage you to prepare your statement in advance offline so you can paste it into the nomination form and if you wish, reuse this for other elections.

How to nominate

Nominations open 12.00pm Monday 20 May 2024

Nominations close 12.00pm Monday 24 June 2024

To nominate yourself please go to elections.bma.org.uk. You will only be able to view and access ARM elections that correspond with your current membership details, during the above times.

Nominations are open to all BMA members, with the exception of the ARM agenda committee which is only open to members of the Representative body. Only voting members of the Representative body are eligible to vote.

For information about each committee and the requirements for the seats please see the committee guide uploaded within each election.

If you have referred to our elections support materials, and you still require help using the online system, please contact us on **0300 123 123**.

For additional information on the specific elections running at the ARM and the requirements for nomination please contact the BMA's elections team at elections@bma.org.uk.

How to vote

Voting opens: 16.00pm, Monday 24 June Voting closes: 12.00pm, Friday 28 June

When voting opens, please go to elections.bma.org.uk and cast your votes in order of preference. You will only be able to view and access the ARM elections during these times. **Voting is restricted to voting members of the Representative Body.**

Results

Results will be notified to candidates following the ARM and published on the website soon after the close of voting. In the case of those committees to which both the Representative Body and the council make appointments, the names of candidates not elected by the Representative Body (together with their statements) will be put forward for election by council, unless the candidate actively indicates their objection.

NOTES

1. With the exception of the ARM agenda committee, nominations are not restricted to members of the Representative Body. However, only RB members are eligible to vote in the elections (see ARM standing order 3 below):

“3. Who may vote

- (i) In debates and on matters relating to the standing orders those entitled to vote shall be the elected or appointed members specified by bye-law 29 as voting members of the representative body.
 - (ii) In elections for the BMA president, the chair and the deputy chair of the representative body, and the treasurer, all members of the representative body specified by bye-law 29, whether voting or non-voting, may vote.
 - (iii) In other elections by the representative body all members of the representative body specified by bye-law 29, whether voting or non-voting, may vote, other than members of BMA council not otherwise elected or appointed to the representative body in another capacity.”
2. In the case of those committees to which both the Representative Body and the council make appointments, the names of candidates not elected by the Representative Body (together with their statements) will be put forward for election by council, unless the candidate actively indicates their objection.
 3. The numbers to be elected by the Representative Body and by council in 2024 are on the next page. The term of office of those elected is one year unless otherwise stated.
 4. The duties and powers of the committees referred to on this paper are appended.
 5. Information for memorandum of understanding letters and declarations for internal elections are attached for information.

ELECTIONS TO COMMITTEES / BOARDS 2024-2025

	Numbers elected by Representative Body	Numbers elected by council
ARM agenda committee	8 members of the RB with 2 deputies (at least two shall not have served on a UK branch of practice committee with delegated authority in the preceding session or be candidates for election to such committees)	-
Armed forces committee (2 year term)	1	-
Board of science (3 year term)	2 (one seat will be for the three year term and the second seat will be for the 2024-25 session only).	2
Consultants committee	10 * (at least one should have their principal place of work in England, one in Northern Ireland, one in Scotland and one in Wales and the electorate for all 10 seats will be all voting members of the RB)	-
General practitioners committee (UK)	10 (at least one of whom will have their principal place of work in England, one in Northern Ireland, one in Scotland and one in Wales and be elected by the RB as a whole)	-
International committee	4 (no more than 2 may be in the same branch of medical practice)	-
Junior doctors committee	8 (who are junior doctors or who hold or who have accepted an offer of appointment to such a post such that they will fulfil the definition of junior doctor by the time of the first meeting of the junior doctors committee of the BMA session following the ARM at which they stand for election)	-
Medical ethics committee	7 (no more than 3 may be in the same branch of medical practice)	3
Occupational medicine committee	5 (4 of whom must be actively engaged, exclusively or predominantly, in Occupational medicine through clinical practice, management, research or training for a minimum of two sessions per week on average and must hold a UK recognised qualification in occupational medicine and 1 of whom must be in an approved occupational medicine training post.)	3 **
Organisation committee	5 (including 1 junior member as defined in Article 1 and not more than 2 from the same branch of medical practice)	2 (including 1 with special interest in overseas members or in members who qualified overseas if not already elected by the Representative Body)
Pensions committee	4 (no more than two of whom may be from the same branch of practice and no more than two of whom shall be male).	-
Private practice committee	1	-

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Professional fees committee	3	-
Professional regulation committee	3	2
Public health medicine committee	3	-
Remuneration committee	3 (no more than 2 may be in the same branch of medical practice)	2
Specialist, associate specialists and specialty doctors committee	8 (at least one of whom should be from each of the UK nations and be elected by the RB as a whole)	-

*There is a proposed change to the seats elected to UK CC, if approved the following constraint will be applied:
BMA Articles and Bye-Laws to allow gender constraints to be applied to 7 of the 10 elected representative seats from ARM to CC UK such that no more than 4 of those seats can be held by men.

**There is a proposed change to number of seats elected the Occupational medicine committee via Council, if approved there will only be 2 seats available rather than 3.

APPENDIX 1

INFORMATION ABOUT COMMITTEES AND BOARDS AND THEIR ROLES

ARM agenda committee

To consider and report to the RB on the most expeditious method of dealing with the agenda of meetings of the RB.

Special Information: The agenda committee is not a conventional committee but more a working group undertaking the actual work of prioritising and arranging motions on behalf of the representative body, and ensuring the smooth running of the ARM.

There are normally 5 full day meetings, plus a home-working weekend. Members elected to the committee must be available for all the meeting dates. The agenda committee are also busy throughout the ARM co-ordinating and ensuring the smooth running of the meeting. *For that reason it is generally not possible to be an active participant in debates or to represent a constituency or personal interests at meetings of the Representative Body.*

New members willing to help with this work are encouraged and supported.

Armed forces committee

To consider any matters relating to the employment of registered medical practitioners serving in the armed forces, reserve armed forces and civilian doctors employed in the armed forces and retired doctors from these categories, referred to it by BMA council, the representative body, secretariat or members of the committee.

It shall also be the duty of the committee to ensure so far as possible that medical officers serving in the medical branches of the armed forces are not disadvantaged in relation to their civilian and military counterparts.

Board of science

To act for the council in matters specifically referred to it for the promotion of the medical and allied sciences, with a specific interest in the matters of medical concern (including the health of both the medical workforce, as well as the wider public).

To play an influential role in forming government and public opinion on public health issues for the benefit of doctors and patients, whether through events (including the ARM scientific lectures), the publication of policy reports and briefings, or other activities

Consultants committee

To consider and act in matters affecting those who are engaged in consultant practice, or whose posts require their names to be on the Specialist Register, including matters arising under the National Health Service Acts or any Acts amending or consolidating the same and to watch the interests of all consultant medical staff in relation to those Acts save in so far as the above matters fall within the duties and powers of the medical academic staff committee or the public health medicine committee.

General practitioners committee

To deal with all matters affecting medical practitioners providing and/or performing primary medical services under the National Health Service Act 1977 and/or the National Health Service (Scotland) Act 1978 and/or the Health and Personal Social Services (Northern Ireland) Order 1972 and any Acts or Orders amending or consolidating the same and as from time to time extended to all or any part of the United Kingdom. To consider and act in matters affecting those employed as full time or part time prison medical officers.

International committee

To consider and progress international matters, including European issues.

To receive and develop association policy on international matters and work on its implementation in conjunction with other BMA committees and other bodies such as European medical associations and the World Medical Association.

To deal with immigration issues relevant to UK, EU and non-EU doctors working in the UK and the EU. To make recommendations to council about UK, international and European policy concerning the above.

The committee has the power to co-opt the heads of BMA delegations to the: CPME (Standing Committee of European Doctors), EJD (European Junior Doctors group), UEMS (European Union of Medical Specialists), UEMO (European Union of General Practitioners) and the BMA representatives to the WMA (World Medical Association) and the CMA (Commonwealth Medical Association) if not otherwise appointed.

Junior doctors committee

To consider and act in matters affecting those engaged in hospital practice in the training grades, including matters arising under the National Health Service Act or any Act amending or consolidating the same and to watch the interests of hospital medical staff in the training grades* in relation to those Acts. *Doctors holding an appointment in a recognised training grade (including GP trainees) or who are within four calendar years of holding such an appointment and able to declare their intention of fulfilling such an appointment again.

Medical ethics committee

To consider the ethical implications of all matters concerning the relationship between the medical profession, the public and the State, and to be responsible for liaison with the General Medical Council and other relevant organisations on matters of ethics affecting medical practice, and to report to council thereon.

Occupational medicine committee

To consider and report on matters affecting the health, safety and welfare of persons at work and the practice of occupational medicine in industry and allied occupations.

To advise the Association on the implementation of health, safety and welfare legislation and other aspects of occupational medicine as they may affect its members and their working environment.

Organisation Committee

1. To advise on matters affecting the structure, function and representativeness of the Association and to liaise with other Association bodies undertaking similar activities.
2. To advise on the constitutions, duties and powers of the Association's meetings, councils, boards, forums and committees, including responsibility for approval of standing orders and to recommend consequential amendments to the articles and bye-laws where appropriate.
3. To advise on the establishment of new committees, their duties and powers and constitutions, and on the disbanding and merging of committees and to recommend consequential amendments to the articles and bye-laws where appropriate.
4. To advise on the interpretation or alteration of the existing, or the adoption of new, articles and bye-laws.
5. To consider and act on matters relating to divisions and regional councils, including the allocation of grants.
6. To make recommendations on the conferring of the Association's awards and honours.
7. To advise council annually on the allocation and distribution of seats on the RB including those minority groups to be invited to appoint representatives to the ARM.
8. The Award of the Association's Gold Medal for Distinguished Merit.

Pensions committee

1. To take responsibility of all questions of superannuation and compensation, working with relevant branch of practices and devolved nations where applicable.

2. To increase awareness and educate members of pension related issues.
3. To lobby governments across the UK to maximise members pension rights.

Private practice committee

To consider and report on matters of direct concern to the profession in the field of private general and consulting practice (whether whole or part time), and such other matters as may be referred to it by council from time to time. With power to coopt.

Professional fees committee

Negotiation of the terms for medical services and other services outside the NHS, other than those covered by the duties and powers of other standing committees, in all countries of the UK (excluding private medical practice/ private clinical practice).

Determining the policy direction of the Association on professional fees issues after consultation with other appropriate committees.

Submission of recommendations to council, for example on the annual fee increase.

Provide guidance information and support to members in all countries of the UK on issues relevant to professional fees.

Professional regulation committee

To consider matters relating to the General Medical Council, including matters referred to the Committee by BMA Council or other committees.

Public health medicine committee

To deal with all matters affecting public health medicine and public health physicians in the established and training grades.

The committee shall have power to co-opt up to three additional members without voting rights.

Doctors from each of the British overseas territories and Crown dependencies shall be allocated by public health medicine committee (UK) to an appropriate regional or national constituency.

The body entitled to appoint one or more representatives to the committee shall be entitled to appoint an additional representative to be a member of the committee during any period for which a representative appointed by such body shall hold office as chair of the committee.

Remuneration committee

To be responsible for designing, adjusting and maintaining the BMA's systems for making payments to members including lay members (excluding payments to reimburse expenses) and to make recommendations to BMA board of directors on these systems. The committee will work within budgetary constraints set by the directors and/or its finance committee. In addition, to consider appeals by members against a decision of the treasurer on expenses claims and honoraria claims.

Staff, associate specialists and specialty doctors committee

To consider and act in matters affecting those doctors holding appointments as specialists, associate specialists, specialty doctors, staff grades, clinical assistants (who are not GPs), non-standard 'trust' grades, those career grade hospital doctors whose appointment does not require them to be on the Specialist Register and doctors who held a training appointment more than two years ago and/or those who do not intend to go back into training.

APPENDIX 2

BMA memorandum of understanding

The BMA memorandum of understanding applies to all committee members and posts in the BMA. It was agreed by BMA council in March 2017. Candidates for election to posts will be asked to declare that they have read the memorandum of understanding when submitting their nominations. The BMA can only function with the contributions of those members who seek election as representatives. Thank you for making the commitment to help represent your colleagues. In order that elected BMA representatives can work together effectively the following principles are important.

- When you are speaking to or communicating in the broadcast, print or social media as an elected BMA representative, or are identified as such, you must honestly represent the views of the BMA.
- When speaking in a personal capacity you must explicitly ask not to be identified as an elected BMA representative.
- Committee officers must coordinate media engagements with the press office.
- You must declare conflicts of interest to your committee chair / committee secretary as appropriate.
- You must uphold the confidentiality of your committee when requested. If in doubt, ask the chair of the committee.
- As a member of the medical profession and as an elected representative, you must behave in a professional manner at all times. Robust debate is sometimes essential in forming policy, but you must always treat patients, colleagues and staff with respect.
- In standing for election you agree to uphold these principles.

BMA Code of conduct

Our code of conduct provides guidance on expected behaviour and sets out the standards of conduct that support our values in the work that we do. The BMA welcomes open debate and free exchange of ideas.

We are committed to creating a culture that is inclusive of all members. We want every member to feel able to contribute, knowing that their points of view will be valued and differences of opinion will be respected. We need to build a sustainable future for the BMA. We want to attract and retain members who reflect and represent our membership.

We are a trade union governed by company law and trade union law. Our code applies to all members of the BMA. Members must conduct themselves so as to promote the success of the BMA and maintain the individual and collective reputation of the Association and its members. They must also, at all times, comply with relevant trade union laws.

This code of conduct incorporates and supersedes existing BMA council and board approved codes of conduct. The code ensures that there is parity between staff and members, with each being held to an equitable standard of conduct. Every BMA member is bound by this code of conduct when conducting BMA Business.

The full code of conduct is available [here](#).

Election behaviour: The BMA can only function with the contributions of those members who seek election as representatives. In order that elected representatives work together effectively, on standing for election, members agree to uphold the principles outlined in this code of conduct. Candidates will abide by electoral by-laws, including the [BMA canvassing guidelines](#), and respect other candidates. Members will not put undue pressure on other members or staff to favour a particular candidate