

**ARM1A  
2024**



**Annual Representative Meeting 2024**

# **Appendices to the Annual Representative Meeting agenda**

Monday 24 – Tuesday 25 June 2024  
ICC Belfast  
Hybrid

**Unity is strength**

**#ARM2024**

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2024**



**British Medical Association**

**Appendices to the Annual  
Representative Meeting agenda**

To be held in a hybrid format (in person/virtual)

Monday 24 –Tuesday 25 June 2024

**Unity is strength**

BMA representative body chair  
**Dr Latifa Patel**

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## APPENDIX I

**STANDING ORDERS [proposed changes are highlighted in red text]  
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## **INTERPRETATION**

- 1 In these standing orders the words and expressions following have the meanings hereinafter assigned to them respectively:-

“Representative” means the duly appointed representative of a constituency, or in his/her absence, the deputy duly appointed in his/her stead, in attendance at the meeting.

“Prescribed” in relation to any form means prescribed by the returning officer unless and until the representative body shall adopt or approve any such form, whereupon the word “prescribed” shall refer to the forms so adopted or approved.

“Constituency” means any body or group of members of the Association entitled to elect or to have appointed a Representative or Representatives to the Representative Body.

“Session” means the period from the commencement of proceedings each day until the lunchtime adjournment, or from the resumption of proceedings after the lunchtime adjournment until the evening adjournment, or on the last day of the meeting to the conclusion of business.

A “motion” is a primary statement of an issue put forward for debate.

An “amendment” shall be either: to leave out words; to leave out words and insert others (provided that a substantial part of the motion remains); to insert words to alter the statement; or be in such form as shall be approved of by the chair.

A “rider” shall be to add words as an extra to a seemingly complete statement; provided always that the rider be relevant to the motion on which it is moved and be not equivalent to the direct negative thereof.

A “simple” majority shall be when the number of votes ‘for’ the motion is greater than the number of votes ‘against’ the motion.

“A ‘two-thirds’ majority shall be two-thirds of representatives present and voting. Those voting will include those voting ‘for’ and ‘against’ the motion.”

Abstentions will not be used for the calculation in either case.

These standing orders are subject to the provisions of the articles and bye-laws of the association.

### **WHO MAY ATTEND REPRESENTATIVE MEETINGS AND WHO MAY VOTE**

#### **2 Who may attend**

- (i) The elected and voting or appointed members of BMA council (*ex-officio*).
- (ii) The elected or appointed representatives of the constituencies of the ARM determined by bye-Law 29 (see annex).
- (iii) The movers of motions or reports from constituencies not otherwise represented at the ARM.
- (iv) Observers.

#### **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.

#### **BUSINESS OF ARM**

#### **4 To elect**

- (i) Chair of representative body.
- (ii) Deputy chair of representative body.
- (iii) Treasurer.
- (iv) President. (The above officers to be nominated and elected by the representative body as a whole.)
- (v) Honorary members.
- (vi) Members of committees and the board of science. (To be nominated and elected by members of the representative body as indicated on the individual nomination and voting papers).
- (vii) Members of the representative body agenda committee. (To be nominated by any member of the representative body, elected by the representative body as a whole.)

5 Returning officer - The chief executive or, in his/her absence, a nominated deputy, shall act as returning officer in connection with all elections.

6 Nominations - where a nomination is made by a representative entitled to attend the representative meeting and he/she is subsequently prevented from so attending, the nomination shall remain valid.

7 Forms - nominations on the prescribed form, and voting papers shall be distributed and collected at such times and in such manner as the Meeting shall direct.

8 Publication of results - The results of all elections shall be reported to all candidates and notified to members of the RB.

9 To appoint a place at which the next annual representative meeting shall be held.

#### **10 To consider**

- (i) The balance sheet and Income and expenditure account, estimate and reports presented by the council.
- (ii) The reports of committees instructed to report to such meeting.
- (iii) Any motions relating to the adoption of the said reports in whole or in part.
- (iv) The reports of branch of practice conferences.

11 To make alterations to the bye-laws and recommend to a general meeting, alterations to the articles.

12 To consider any resolution relating to the promotion of the medical or allied sciences or to the maintenance of the honour or interests of the association or the promotion of the achievement of high quality health care which shall

have been approved and submitted to the representative body by the council or the joint agenda committee from a body or group of members entitled to elect or appoint a representative or representatives to the representative body or any of the conferences listed in bye-law 53. Provided always that if any such resolution (i) proposes material alteration of the policy of the association, (ii) proposes alteration of or addition to the constitution or (iii) involves special expenditure it shall only be considered if it has been published in the agenda for the annual representative meeting unless the RB shall otherwise decide.

## **AGENDA COMMITTEE**

### **Composition**

- 13 There shall be an agenda committee to make recommendations to each meeting of the representative body on the most expeditious method of dealing with the agenda, including the order and grouping of motions for debate and open debate. This committee shall consist of:

the chair of the representative body, who shall be chair of the agenda committee

the chair of council

the treasurer

the deputy chair of the representative body

the deputy chair of council

Branch of practice chairs and board of science chair (or their nominees)

as non-voting members (save that the chair of the representative body shall have a casting vote).

eight members elected by the representative body from its own number, of whom at least two (a) shall not have served on a UK branch of practice committee with delegated authority\* in the preceding session; or (b) be candidates for election to such committees. In the event that such members serve on such committees in the ensuing session then membership of the agenda committee shall lapse forthwith.

\* Armed forces committee, committee for public health medicine, consultants committee, forensic medicine committee, general practitioners committee, junior doctors committee, medical academic staff committee, medical students committee, occupational health committee, private practice committee, professional fees committee, retired members committee and specialist, associate specialist and specialty doctors committee.

- 14 There shall also be two deputies elected in a like manner who shall be the unsuccessful candidates receiving the highest number of votes in the election of the agenda committee. The elected and voting members of the agenda committee must be members of the representative body at the time of election. If a member of the agenda committee is unable or ineligible to carry out his/her duties, a deputy shall act in his/her stead. The committee shall have power to invite chairs of association committees to take part in discussion of their own sections of the agenda and it shall also have the power to request representatives to clarify in writing motions submitted by their constituencies.

### **Meetings**

- 15 The committee shall meet prior to every meeting of the representative body, and shall present its recommendations in accordance with these standing orders.
- 16 The committee shall meet as necessary to review the progress made at representative meetings and the business still outstanding and shall advise the chair, and recommend modifications of the previously agreed order of business.

### **Joint agenda committee**

17 For the purposes of representative meetings, there shall be a joint agenda committee consisting of:

the chair for the time being of the representative body, who shall be chair of the joint agenda committee  
the deputy chair of the representative body

two members of the representative body's agenda committee elected by the agenda committee from among its number.

two members of their respective agenda committees appointed by each of the annual conference of representatives of local medical committees, the annual UK consultants conference, the junior doctors conference, the public health medicine conference, the conference of medical academic representatives, the retired members conference, the specialist, associate specialist and specialty doctors conference and the medical students conference and such other branch of practice conferences as the representative body shall from time to time specify.

18 The functions of the joint agenda committee shall be as follows:

- (i) to receive and collate all motions submitted for debate whether to the representative body or to any of the said conferences;
- (ii) to refer motions to the appropriate agenda committees;
- (iii) to ensure that any motions intended or suitable for debate by any two or more of the said Body and conferences shall so far as possible, be expressed in a common form of words;
- (iv) generally to endeavour to eliminate unnecessary duplication of debates.

### **Augmented agenda committee:**

19 There shall be an augmented agenda committee which shall consist of:

the members of the agenda committee,

the chair of each of the branch of practice conferences and of the relevant branch of practice committees referred to in standing order 17.

20 The chair of the committee shall be the chair of the representative body and he/she shall have only a casting vote. The chair of council, **the treasurer, the deputy council chair**, the deputy chair of the representative body and any representatives of the branch of practice conferences and branch of practice committees shall be non-voting. If the chair of a branch of practice conference or a branch of practice committee is unable to carry out his duties, he/she shall be entitled to appoint a deputy to act in his/her stead.

21 The decisions of each of the branch of practice conferences shall be reported to the augmented agenda committee who shall decide which decisions (if any) shall be referred to the representative body for debate.

### **AGENDA**

#### **Who may submit motions**

22 Motions may be submitted to the joint agenda committee by any body or group of members entitled to elect or appoint a representative or representatives to the representative body or to any of the conferences listed in standing order 17 or by any of the conferences themselves.

#### **Who may submit amendments**

23 Amendments to the printed agenda may be submitted by the following:

- (a) Any two members of the representative body;



- (b) BMA divisions;
- (c) Any of the branch of practice conferences listed in standing order 17.

#### **Timing of submission of motions**

- 24 Subject to the provisions of standing order 26, any motion submitted by a constituency for inclusion in the agenda must be notified to head office by a date to be determined annually by the council, being not more than 80 days and not less than 42 days before the Monday of the week in which the annual representative meeting takes place.
- 25 Any amendment or rider submitted by a constituency must be notified to head office by 12 noon on the Tuesday of the week preceding the week in which the annual representative meeting takes place.
- 26 Subject to standing order 27 the agenda committee may include in the agenda any motion relating to a report of the review body on doctors' and dentists' remuneration, provided that it is received by the date determined under standing order 25.

#### **Motions requiring three weeks' notice**

- 27 Unless, in accordance with article 63(5), the representative body otherwise decide, a motion involving special expenditure of the association's money or other resources shall be considered only if it has been published in the agenda for the ARM not less than three weeks before the meeting. A report on all matters so published (including estimates of the amount of expenditure involved) shall be submitted by council to the meeting. Such motions shall require a majority of not less than two-thirds of the votes given thereon.

#### *Rescission of resolutions*

- 28 No motion, amendment or rider purporting to rescind any resolution of a representative meeting shall be in order at any subsequent representative Meeting unless at least three weeks' notice thereof shall have been given in the agenda for the annual representative Meeting and that notice has appeared in the BMJ that the agenda has been published on the BMA's website.

#### *Amendments to motions requiring three weeks' notice*

- 29 If an amendment is proposed to a motion of which three weeks' notice is required under Article 63(5) and three weeks' notice of such amendment has not been given under such article, the chair (acting on the advice of the agenda committee) shall rule whether the amendment is one of substance; and if the chair shall so rule the amendment shall not be moved as a substantive motion, but if the chair shall rule that the amendment is not one of substance the amendment may be accepted notwithstanding that notice has not been given as aforesaid.

#### **Motions and amendments not published in the agenda**

- 30 Motions not included in the Agenda shall not be considered by the meeting with the exception of:-
  - (i) Motions covered by standing orders 32-35 (order of business); 42 (emergency motions); 67-69 (motions for adjournment, or that the question be now put, or that the meeting proceed to the next business); 51 (time limit of speeches); 78 (withdrawal of strangers); and 79 (suspension of standing orders).
  - (ii) Motions relating to votes of thanks, messages of congratulation or of condolence.
  - (iii) Motions to correct drafting errors.
  - (iv) Composite motions replacing two or more motions already on the agenda and agreed by representatives of the constituencies concerned.
  - (v) Motions arising from matters referred to the meeting for consideration by a branch of practice conference.
  - (vi) Motions arising from matters dealt with in the report of a branch of practice conference upon which two-thirds of the members of the representative body present and voting have demanded a debate.

31 Subject to the provisions of standing order 59 and at the discretion of the chair of the representative body, no amendment or rider which has not been included in the printed agenda shall be considered by the meeting unless a written copy of it has been handed to the chair, with the names of the proposer and seconder, before the end of the session immediately prior to that in which the motion is due to be moved, except that an amendment or rider to a motion due to be moved in the first session of the meeting shall be handed to the chair before the commencement of that session.

#### **General order of sessions**

32 At the start of each session the meeting shall consider motions, if any, relating to the order of business.

#### **Hours of sessions**

33 These shall be as set out in the time-table of the meeting, unless varied by consent of the meeting.

#### **Varying order of business**

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

#### **Conclusion of meeting**

35 A definite time for the conclusion of the meeting shall be published with the agenda.

#### **“P”, “C”, “A” and “AR” Motions**

36 The agenda committee may prefix with the letter "P" any motion which it deems of outstanding importance. Any such motion shall be given priority in debate, in line with standing order 40.

37 During the first day of the meeting, a ballot of representatives shall be conducted to enable them to choose motions, (“C” motions), for debate. Each representative may choose up to three motions to be given priority in debate using the prescribed form only which must be signed. The five motions which receive most votes shall be debated.

38 The agenda committee may prefix with the letter “A” any motion which the chair of the committee or body concerned has recommended to it as likely to be non-controversial and acceptable without debate. The chair shall formally move that each such motion be accepted without debate.

39 The agenda committee may prefix with the letter “AR” motions relating to new matter which the chair of council is prepared to accept without debate as a reference to council.

#### **Block allocation of time**

40 The agenda committee shall recommend to the meeting a block allocation of time for each section of the agenda, in the light of the business to be dealt with, and shall propose a provisional timetable for the commencement of each section of the agenda. Within each section, any priority items (given the prefix “P”) shall be debated first. The agreed starting times of each section shall be strictly observed (save that if one section shall have finished early, another section may be started ahead of the schedule). Motions included in a block which cannot be debated in the time allocated may, at the discretion of the chair, be debated in any unused time allocated to another block. At the discretion of the chair, contingency time shall be reserved in each session for the consideration of unfinished business in sections already dealt with.

41 The motions chosen under standing order 37 shall normally be debated in the block of time allocated for this purpose by the agenda committee. The prefix “A” or “AR” shall be deleted from any motion which is chosen by ballot.

#### **“Other” motions**

42 Time shall be set aside by the agenda committee for debate on matters of urgency or emergency which have arisen after the last date for submission of motions, as specified in standing order 24. This time shall be used at the discretion of the chair.

### **Motions, amendments or riders on the same subject**

- 43 Subject to the provisions of standing order 36, the agenda committee shall group items covering substantially the same ground, and shall 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 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
- 44 Composite motions constructed by the agenda committee shall have their several parts designated (i), (ii), (iii) or (a), (b), (c), etc.
- 45 Motions submitted under standing order 22 which, in the opinion of the agenda committee, are relevant to the subject of a designated open debate shall be grouped into a timed section of the agenda relating to the subject of the open debate. A motion taking account of the debate may be prepared at the direction of the agenda committee and submitted for consideration by the meeting at a time designated in the agenda having been circulated in advance to the meeting normally before close of business on the preceding day. The chair shall open and close the open debate in accordance with the times published in the agenda.
- (i) notwithstanding the provisions of standing orders 24, 25, 26, 28, 30 motions relating specifically to the subject of the open debate and arising from that open debate may be submitted for inclusion by the agenda committee in that timed section of the agenda relating to the subject of the open debate.
  - (ii) such motions may be submitted to the agenda committee from the time of the conclusion of the open debate until a time that the chair shall notify to the meeting in advance of the open debate.

### **Instructions to council**

- 46 Each motion, amendment, or rider which is of the nature of an instruction or reference to any central executive body, other than a committee appointed by the representative body, shall be moved in the form of an instruction or a reference to the council.

## **REPORTS**

### **Form of reports**

- 47 Reports of council and reports, if any, of committees to the representative body shall include a list of matters referred by the representative body to the council or committee; any specific recommendations by the council or committee; a short report of all action taken by the council or committee in furtherance of the decisions of the representative body; and a list of matters under consideration but not completed.

### **Presentation of reports**

- 48 The report of the council or of a committee shall be presented by the chair or, in his/her absence, by another duly authorised member of the council or committee.
- 49 A report of each branch of practice committee and devolved national council on their work during the session shall be presented orally or in writing by the chair of that branch of practice committee or devolved national council or in his/her absence by a duly authorised spokesperson. Other committees and conferences may present a written report at the discretion of the RB chair.

## **RULES OF DEBATE**

### **Procedure for proposing of motions by non-members of the representative body**

- 50 Any motion, amendment or rider shall be introduced by a representative (or by a member) of the body proposing it, notwithstanding that that representative or member may not otherwise be entitled to attend and speak at the meeting; provided that in such case he/she shall cease to take any further part in the proceedings at the conclusion of the debate upon the said item nor shall he/she be permitted to vote thereon. In the absence of the authorised mover, any other member of the meeting deputed by the authorised mover may act on his/her behalf, and if no member shall have been so deputed, such motions shall be moved formally by the chair.

### **Time limits of speeches**

- 51 Save as stated below, the chair of a committee or other duly authorised spokesman of the council shall be allowed to speak for five minutes in presenting a report. A member of the meeting shall be allowed to speak for three

minutes in moving any motion, amendment, or rider. No other speech shall exceed two minutes. In exceptional circumstances, any speaker may be granted such extension of time as the meeting itself shall determine. The meeting may at any time reduce the time to be allowed to speakers (during the remainder of that session).

#### **Seconding motions, amendments, or riders**

- 52 No seconder shall be required for any of the motions, amendments, or riders printed in the agenda of the meeting. All others must be proposed and seconded before being debated.

#### **Conduct of speakers**

- 53 A member of the meeting shall normally stand when speaking and addressing the chair. An alternative microphone will be provided for those unable to stand or reach the podium. If the chair should so request, by rising or otherwise, all members except the chair must sit.
- 54 A speaker shall direct his/her speech strictly to the motion, amendment, or rider under discussion, or to a question of order. The chair shall have power to take such steps as he/she deems necessary to prevent tedious repetition.
- 55 In speaking and voting upon any matter, the representative or representatives of any constituency shall have regard and so far as may be conform to the preponderance of opinion of the members of that constituency so far as such opinion is known to him/her or them.
- 56 Members of the representative body have an overriding duty to the whole membership of the BMA. If a member has a conflict of interest in any question which the representative body is to debate, this interest should be declared in advance of any contribution to the debate and the member should seek to act and speak in the interest of the membership as a whole.
- 57 A member shall not address the Meeting more than once on any motion, amendment, or rider, but the mover of any such item may reply, and in his/her reply shall strictly confine him/herself to answering previous speakers and shall not introduce any new matter into the debate; provided always that a member may speak to a point of order or, by consent of the Meeting, in explanation of some material part of a speech made by him/her which he/she believes to have been misunderstood. A non-executive director and/or a staff director of the Association may raise a point of information during a debate or otherwise (with the permission of the chair).

#### **Amendments and riders**

- 58 To a motion that the report be received, no amendment or rider shall be moved.
- 59 No amendment or rider shall be moved to a priority motion unless such amendment or rider is published in the supplementary agenda or is made by the chair of the representative body or by the agenda committee.
- 60 To a motion that a recommendation be adopted, amendments or riders may be moved.
- 61 To a motion that a report, or a specified paragraph thereof, be approved, an amendment may be moved to the effect that the meeting do disagree with, or do refer back to the council or committee, any specified portion thereof; or an amendment or rider may be moved to the effect that with reference to the report or paragraph, the meeting do express an opinion in terms stated.
- 62 A motion, amendment, or rider once moved and seconded shall not be altered or withdrawn without the consent of the meeting.
- 63 Whenever an amendment or rider has been moved no second or subsequent amendment or rider shall be moved until the first amendment or rider shall have been disposed of.
- 64 If any amendment or rider be rejected, other amendments or riders may, subject to the provisions of standing order 31, be moved on the original motion. If an amendment or rider be carried the motion as amended or extended shall take the place of the original motion and shall become the question upon which any further amendment or rider may be moved.

### **“A” and “AR” motions**

- 65 If any member wishes an “A” or “AR” motion to be debated or to propose an amendment to an “A” or “AR” motion he/she shall submit his/her request in writing, indicating his/her reasons to the chair of the representative body before the end of the session immediately prior to that in which the motion is due to be moved, except when the motion is due to be moved in the first session of the meeting, in which case the request must be submitted before the commencement of that session. The chair shall have discretion either to cause the motion or the amendment to be debated normally, or else, at the appropriate time, he/she shall allow the member concerned to address the meeting, for not longer than two minutes, and shall thereafter ascertain the wishes of the representative body.
- 66 If the proposal that the motion be accepted without debate be defeated the motion shall be debated in the normal way.

### **Curtailement of debate**

- 67 If it be proposed and seconded that the Meeting do now adjourn, or that the debate be adjourned, or that the meeting do proceed to the next business, or that the question be now put, such motions shall be put to the vote without discussion, except as to the period of adjournment, provided always that the chair shall have power to decline to put any such motion to the meeting.
- 68 Any such motion if accepted by the chair shall be put to the vote immediately except that, before a motion to proceed to the next business is put, the proposer of the motion, amendment, or rider under discussion at the time shall have the right to speak against the proposal to pass to the next business. In the event of a proposal to pass to the next business being defeated, the chair shall have power to permit the proposer of the motion or amendment under discussion to reply to the debate.
- 69 Further, in the event of the proposal “that the question be now put” being carried, the chair of council, and/or the chair of the appropriate committee or other duly authorised spokesperson of the council, shall be permitted to speak, and the proposer of the motion, amendment, or rider under discussion at the time shall have the right of reply to the debate.

### **Procedure for open debates**

- 70 An open debate may be introduced by one or more invited speakers at the discretion of the chair. Representatives shall address the chair from the floor. Speakers will be invited to speak in turn at the discretion of the chair. Only one speaker may address the meeting at any one time and speeches shall be limited to two minutes. Speakers shall address only the topic of the open debate.

## **VOTING**

### **Provisions of articles**

- 71 Article 66 provides that:
- (i) Those entitled to vote at a representative meeting shall be the elected or appointed members specified in bye-law 29, save that all members of the representative body shall be entitled to vote at an election of the BMA president, the chair, and the deputy chair of the representative body and the treasurer.
  - (ii) For the purpose of electing the BMA president votes shall be recorded at such time and in such manner as the representative meeting may decide.
  - (iii) For the purpose of electing the chair and the deputy chair of the representative body, the treasurer, and the members of any committees and boards required to be elected by the representative body the single transferable voting system shall be used.
  - (iv) Except as aforesaid, voting shall ordinarily be by show of hands or by the use of an electronic voting system unless before the vote is taken 50 or more representatives present request a recorded vote, in which event the vote shall be taken by a system of recorded voting. **A representative may request that their name should not be recorded as voting in relation to any motion or amendment provided that they give notification to the ARM secretariat within two weeks of the close of the annual representative meeting in which the recorded vote was taken.**

- (v) The chair shall in the case of an equality of votes have a casting vote, but would normally be expected to vote with the status quo and shall not otherwise be entitled to vote.

#### **Motions with subsections**

- 72 Motions expressed in several parts and designated by numbers (i), (ii), (iii) etc or by letters (a), (b), (c) etc shall automatically be voted on separately.
- 73 In order to expedite business, the chair may, at his/her discretion, seek the assent of the representative body (by a simple majority) to waive this requirement for any single motion.

#### **Two-thirds majority**

- 74 A two-thirds majority of those present and voting shall be required to carry a proposal:

- (i) that the meeting do proceed to the next business;
- (ii) that the question be now put;
- (iii) that standing orders be suspended;
- (iv) that substantial expenditure of the association's funds be incurred;
- (v) that an amendment to the articles be recommended;
- (vi) that an amendment to the bye-laws be made.

### **CONDUCT OF MEETINGS**

#### **Chair**

- 75 Bye-law 54 provides that, at every representative meeting, the chair of the representative body, when present, and in his/her absence the deputy chair of the representative body, when present, shall preside. In the absence of both the chair and the deputy chair, the meeting shall appoint a chair from its own number.

#### **Attendance**

- 76 Members of the meeting shall not leave the precincts of the meeting (which shall be prescribed by the chair at the commencement of the meeting), except for brief absences, without permission from the chair. If it shall at any time appear to the chair that a quorum is not present, the chair shall direct that an attendance bell shall be sounded in such manner as he/she shall direct. Two minutes after the sounding of the attendance bell, the roll shall be called and those members of the meeting found then absent without permission from the chair, shall be deemed to have been absent from that session of the meeting.

#### **Quorum**

- 77 No business shall be transacted unless there are present at least one third of the number of representatives registered to attend the meeting (article 65).

#### **Withdrawal of strangers**

- 78 A member of the meeting may at any time move that any or all of the following persons, not being members of the meeting, should withdraw: (i) those not members of the association staff, (ii) those not duly appointed association advisers, (iii) those not association members. It shall rest at the discretion of the chair to submit or not to submit such a motion to the meeting.

#### **Suspension of standing orders**

- 79 Any one or more of the standing orders, in any case of urgency, or after notice duly given, may be suspended at any meeting, so far as regards any business of such meeting, provided that two-thirds of those present and voting shall so decide.

### **Distribution of papers and announcements**

- 80 In the meeting or in the precincts thereof no papers or literature shall be distributed or announcements made or notice displayed except by the staff of the association, acting with the approval of the chair.

### **Smoking**

- 81 Smoking shall not be permitted during sessions.

### **Mobile Telephones**

- 82 If used, mobile phones and other portable electronic devices should be configured in a way so as not to disturb the meeting. In the event of any noise from a mobile phone, other portable electronic devices or any other disruption the member will be asked to make a donation to BMA charities.

## **ACTION ON ARM DECISIONS**

### **Implementation of resolutions**

- 83 As soon as reasonably practicable (and in any case within six months) after the passing of every resolution of the representative body (except a resolution relating solely to the procedure of the meeting and except as otherwise provided in the articles) the council shall consider such resolutions.

- 84 The council may resolve that such resolution does not properly represent the wishes of the association and that a referendum is expedient as provided in the articles, but such a decision may only be taken if not less than one-half of the members of the council be present at the Meeting whereat it is proposed and not less than two-thirds of those present and voting vote in favour of such decision.

- 85 If no decision is made by the council that a referendum is expedient it shall be incumbent upon the council to take all reasonable action to implement the resolution of the representative body. Provided always that, should the council subsequently decide that implementation of any resolution would be either untimely or undesirable in the interests of the association or of its members because of changed circumstances, it may resolve to defer implementation or call for a referendum on the resolution, or for a plebiscite on related matters, but such a decision may only be taken if not less than one-half of the members of council be present at the meeting whereat it is proposed and not less than two-thirds of those present and voting vote in favour of such decision.

- 86 In the event of the council resolving to defer implementation of any resolution, it shall be incumbent upon the council to include a full account of the deferment in its annual report of the proceedings of the association.

- 87 If the council shall not have considered any such resolution of the representative body within the said period of six months, or if the requisition prescribed by the articles shall not have been issued within 14 days, the resolution shall come into operation immediately upon the expiration of the said period of six months or of the said period of 14 days and the facts of the resolution having so become operative shall be forthwith published in the BMJ. Save as aforesaid, the resolution shall have no operation unless and until it shall have been approved either by the council or on a referendum or as determined by a plebiscite as hereinafter provided, and if and when so approved the same shall come into operation as a valid and effectual decision of the association.

### **Reference to council**

- 88 A "reference to council" does not constitute BMA policy. It means that the council shall consider the resolution, taking into account any points raised in debate, and act in the best interests of the Association.

### **Motions not dealt with**

- 89 Should the representative meeting be concluded without all the agenda having been considered, the sponsoring constituency can request a motion to be pursued, it shall be entitled to submit a written memorandum for the consideration of the council or appropriate committee, and/or to submit oral representations.

## **MINUTES**

- 90 A copy of the minutes of every representative meeting, after provisional approval by the chair, shall be made available, as soon as practicable, to every member of the representative body and to the honorary secretary of every division and each constituency. Such minutes shall require final confirmation by the representative body.

Not less than 14 days' notice in writing shall be given to the secretary of the association of any motion to amend or question the accuracy of the minutes; such motions shall be published in a supplementary agenda.

**CHAIRS DISCRETION**

- 91 Any question arising, in relation to the conduct of the meeting, which is not dealt with in these standing orders shall be determined by the chair at his/her absolute discretion.

**REPRESENTATIVES OF THE PRESS**

- 92 Representatives of the press shall be admitted to the representative meeting only on the understanding that they will not report any matters which the meeting decides should be regarded as private.

**DURATION OF STANDING ORDERS**

- 93 These standing orders shall remain in force until amended or repealed by the representative body.



## APPENDIX II

### Amendments to the ARTICLES (ARM 2024)

The current articles and bye-laws can be found at: [https://www.bma.org.uk/media/7483/bma\\_articles-and-bye-laws-2023-24.pdf](https://www.bma.org.uk/media/7483/bma_articles-and-bye-laws-2023-24.pdf)

You can also ask any questions in advance of the meeting by e-mailing [laird@bma.org.uk](mailto:laird@bma.org.uk)

Article	RECOMMENDED CHANGE	EXPLANATION
<b>PART 1 – INTERPRETATION</b>  <b>1</b>	<b>PART 1 – INTERPRETATION</b> 1. ... <i>“the Medical Act” means The Medical Act 1983 or any statutory re-enactment or modification thereof for the time being in force;</i> <b><i>“Medical practitioner” means any person who holds a primary medical qualification and is normally eligible to be included on the General Medical Council List of Registered Medical Practitioners. This definition shall not include any person solely eligible to register with the General Medical Council under The Anaesthesia Associates and Physician Associates Order 2024.</i></b>	To clarify the changes to the definition of a voting member of the BMA, to take account of the introduction of the regulation of PAs and AAs by the GMC under the Medical Act.
<b>Eligibility for Voting Membership</b>  <b>4</b>	<b>Eligibility for Voting Membership</b> 4. <i>The following persons shall be eligible for voting membership of the Association</i>  (1) <i>As ordinary members (not being overseas members):</i> (a) <i>any person who is registered <b>as a medical practitioner</b> under the Medical Act;</i> (b) <i>any person who is registered <b>as a medical practitioner</b> under the Medical Act and whose erasure from the Medical Register was not as a consequence of disciplinary action;</i> (c) <i>any person who, although not registered <b>as a medical practitioner</b> under sub-paragraph (a) and (b) hereof, is possessed of any medical qualification the holding of which is a condition precedent to their being eligible to be so registered <b>as a medical</b></i>	To propose changes to the definition of a voting member of the BMA, taking account of the introduction of the regulation of PAs and AAs by the GMC under the Medical Act.

***practitioner**, provided that this sub-paragraph shall not apply in the case of a person whose name has been erased from the Medical Register in consequence of disciplinary action;*

*(d) any person who is a member of a class of persons whom the council may from time to time specify as eligible for ordinary membership upon such conditions as the council may specify.*

*Provided always that:*

- (i) a person whose registration **as a medical practitioner** under the Medical Act has been suspended as a consequence of disciplinary action for a period not exceeding 12 months shall, notwithstanding anything contained in the Medical Act, continue to be eligible for ordinary membership of the Association; and*
- (ii) the address of the member as held on the Association's register of members is within the United Kingdom of Great Britain and Northern Ireland.*

*(2) As overseas members: -*

- (a) any person who is registered **as a medical practitioner** under the Medical Act;*
- (b) any person who has previously been registered **as a medical practitioner** under the Medical Act and whose erasure from the Medical Register was not as a consequence of disciplinary action;*
- (c) any person who, although not registered **as a medical practitioner** under sub-paragraph (a) and (b) hereof, is possessed of any medical qualification the holding of which is a condition precedent to their being eligible*

to be registered **as a medical practitioner**, provided that this sub-paragraph shall not apply in the case of a person whose name has been erased from the Medical Register in consequence of disciplinary action;

(d) any person whose name is registered on the medical list (or equivalent) held by any regulatory body of the geographical area in which such person practises medicine, and which confers on them the right to practise medicine **as a medical practitioner** under the laws of that geographical area, provided that this sub-paragraph shall not apply in the case of a person whose name has been erased from the medical list (or equivalent) in consequence of disciplinary action;

(e) any person who is a member of a class of persons whom the council may from time to time specify as eligible for overseas membership upon such conditions as the council may specify.

Provided always that:

(i) a person whose registration **as a medical practitioner** under the Medical Act or equivalent overseas legislation has been suspended as a consequence of disciplinary action for a period not exceeding 12 months shall, notwithstanding anything contained in the Medical Act or equivalent overseas legislation, continue to be eligible for overseas membership of the Association; and

	<p><i>(ii) a person whose qualification for membership arises under paragraph 2 (d) of this Article and who has been suspended as a consequence of disciplinary action for a period not exceeding 12 months shall continue to be eligible for overseas membership of the Association; and</i></p> <p><i>(iii) the address of the member as held on the Association's register of members outside the United Kingdom of Great Britain and Northern Ireland.</i></p> <p><i>(3) As medical student members: - Medical students who are enrolled for a course of study in the United Kingdom for or leading to a primary medical qualification.</i></p>	
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APPENDIX III

Amendments to the ARTICLES and BYELAWS  
(ARM 2024)

The current articles and bye-laws can be found at: [https://www.bma.org.uk/media/7483/bma\\_articles-and-bye-laws-2023-24.pdf](https://www.bma.org.uk/media/7483/bma_articles-and-bye-laws-2023-24.pdf)

You can also ask any questions in advance of the meeting by e-mailing [laird@bma.org.uk](mailto:laird@bma.org.uk)

Article	RECOMMENDED CHANGE	EXPLANATION
7	<p>Articles to be amended to read (amendments tracked):</p> <p><b>Register of Members</b> Subject <del>to the provisions of all subsequent articles, as hereinafter provided</del> the persons <del>for the time being</del> named in the <b>current</b> register of members of the Association whose respective <b>workplace, institution or home</b> addresses <del>es are situate at places within the area of</del> is allocated to any division or branch, <del>and no others</del> shall be deemed to be the voting members of that division or branch.</p> <p><b>The persons deemed to be voting members of more than one division or branch must designate one division or branch to be their primary division or branch. Provided always that any member who has become a member of a division other than that in which they reside shall be a member of such first mentioned division and shall not be a member of the division in which they reside.</b></p>	<p>Provision for members to be allocated to divisions based upon work, study, or home address (for most members the preference will be for work address, and this will be set out in the SOs). Some updating/streamlining of language.</p>
13.	<p>Members' conduct</p> <p>13. The grounds upon which a member, officer or member of any committee may be investigated are that: -</p> <p>(2) They are alleged to have wilfully and persistently refused to comply with the articles, bye-laws or the rules of any division or branch of which they may be a <b>voting</b> member.</p>	<p>Remove 'voting' as conduct should be up to standard even when in non-voting capacity.</p>

27	<p><b>PART 3 – LOCAL ORGANISATION</b></p> <p>27. (1) The members of the Association shall be formed into separate <del>local</del> bodies styled (in the United Kingdom, Channel Islands and Isle of Man) “divisions” and (elsewhere) “branches”.</p> <p>(2) Each division or branch shall consist of a body of members <del>and have a local area</del> determined as hereinafter provided.</p>	To remove reference to local area.
28	<p>Formation, Alteration, Dissolution, etc, of Branches and Divisions</p> <p>28. The organisation committee on behalf of council may from time to time determine, recognise and modify what bodies of members <del>and geographical areas</del> shall constitute local representative structures. Not less than one month’s notice in writing shall be given to any recognised representative structure to <del>which whose boundaries or area any</del> change is proposed. The organisation committee may also, on behalf of council, on giving not less than six months’ notice in writing, close down any local representative body.</p>	To remove reference to geographies as divisions will now be primarily workplace based.
29	<p>29. In determining the <del>boundaries or areas of</del> divisions and branches <del>structures</del>, the organisation committee shall have regard to the expressed wishes of the local bodies concerned, to the importance of maintaining a close relationship with local statutory or functional bodies and other local professional groups, and to transport facilities.</p>	Remove reference to areas
64	<p><b>Special Representatives Meeting</b></p> <p>64. (1) Special representative meetings shall be convened at any time by the representative body chair on the requisition of the council, or on the requisition of not less than fifteen percent of the constituent bodies of the representative body <del>entitled to appoint voting representatives</del> under the bye-laws, provided that at the time of such requisition such constituent body is not deemed to be inactive</p>	Removal of requirement for constituent bodies of the RB to be only those who “entitled to appoint voting representatives”. This enables divisions to be constituent bodies even if ARM seats are allocated at a regional level. Constituent bodies are then defined in the bye-laws.

	or disorganised	
<b>70</b>	<p><b>Implementation of Resolutions</b></p> <p>70. (1) If the council determine that a referendum is expedient, then a nominated officer of the Association shall within 14 days from the date of the determination, send <del>by post</del> to the secretary of each division a requisition requiring them within four weeks to convene a meeting of the members of their division (hereinafter called “the division meeting”) for the purpose of considering the resolution, and shall with each such requisition transmit such observation on the subject of the resolution as the council may direct.</p>	Remove requirement for referendum requisition to be sent by post to allow divisions to operate efficiently and effectively.
<b>71</b>	<p>71. (1) If the council determine that a plebiscite (of all members resident in the United Kingdom) is expedient, then a nominated officer of the Association shall within 14 days from the date of the determination send <del>by post</del> to each voting member (resident in the United Kingdom) a ballot paper together with such observations on the subject of the ballot as the council may direct.</p>	Removal of requirement to send plebiscite ballot by post.

<b>BYE-LAWS OF THE ASSOCIATION</b>		
<b>Second schedule to the bye-laws</b>		
<b>SCHEDULE REFERENCE</b>	<b>RECOMMENDED CHANGE</b>	<b>EXPLANATION</b>
<b>Bye-law 18</b>	<p><b>Divisional Meetings</b></p> <p>18. General meetings of each division shall be held:</p> <p>(1) for the appointment of officers;</p> <p>(2) for the formation of motions for submission to the annual representative meeting (motions may be agreed electronically and</p>	To add any other matters set out in division standing orders to the business of division general meetings.

	<p>must have the agreement of at least five members of that division); and</p> <p>(3) for the purpose of considering the agenda of that annual representative meeting and instructing the representative or representatives thereon.</p> <p>(4) <b>for the purpose of considering any other matters as set out in the division standing orders</b></p>	
<p><b>Bye-law 19</b></p>	<p><b>Joint Committees and Joint Meetings of Divisions</b></p> <p>19. <del>(1) Any division may concur with any other division or divisions in appointing a joint committee for any purpose in which those divisions are jointly interested, and in conferring with or without conditions or restrictions on any such joint committee any powers which each appointing division might exercise if the purpose related exclusively to the area of such appointing division, and in providing for the constitution and term of office of such joint committee.</del></p> <p>(21) Where the members of two or more divisions desire to meet in combination for the purpose of discussing matters in which those divisions are jointly interested, <del>or for the appointment of any such joint committees as aforesaid,</del> such <b>'combine'</b> meeting(s) may be convened by the secretaries of those divisions jointly or by agreement by one of such secretaries.</p>	<p>19 (1) removed as no current use of or need for joint committees, to be replaced by combines, below.</p>



	<p>(2) Such Combine meetings as aforesaid should be convened a minimum of twice in each session, with one such meeting to be in service of an educational or campaigning purpose.</p>	<p>19 (2) newly added to require two Combine meetings per session, to ensure pan-BoP interaction – note this is a minimum</p>
<p>Bye-law 20</p>	<p><i>Change of Divisions</i></p> <p><del>20. (1) Any member whose address as registered for the time being in the register of members of the Association is within the United Kingdom may apply to become an ordinary member of a division other than that in whose area they reside. Every such application shall be forwarded to head office and shall include a statement of the reasons therefor. If at the time the council shall form the view that a change was registered without there being proper reason therefor, the council shall investigate the matter and may if it thinks fit retrospectively restore the member's former division allocation. Address in the register. Subject as aforesaid such proposed change shall become effective immediately upon receipt by the Secretary of the Association.</del></p> <p><del>(2) The result of any such application shall be notified forthwith by head office to the secretary of each of the divisions concerned and (where appropriate) the necessary entries shall immediately upon receipt by the Secretary of the Association be made in the register of members of the association</del></p> <p>Primary and secondary divisions</p> <p>20. (1) Voting members of a Primary Division shall be:</p>	<p>Removed “change” as no need to further specify than in Article 7, replaced by Primary and Secondary Divisions descriptions.</p> <p>Sets out the rights in primary and secondary divisions, ensuring all can be represented in all relevant employment situations, but nobody acquires double-representation in national issues such as elections or SRM requisition.</p>

	<p>(a) entitled to be elected to the roles of Divisional Officers as determined by Standing Orders, including Honorary Secretary and Deputy Chair;</p> <p>(b) allocated to a constituency for the purpose of elections to UK Council, National Councils, Regional Councils and the Representative Body.</p> <p>(c) able to, as part of a constituent body of the Representative Body, vote to requisition a Special Representative Meeting.</p> <p>(2) All voting members of a division (primary or secondary) shall be entitled to:</p> <p>(a) vote in elections of Divisional Officers</p> <p>(b) vote upon matters of Divisional policy, to establish negotiating mandates, and upon any collective bargaining settlements applicable solely to members of the division or a subgroup thereof</p> <p>(c) be elected to the Division executive committee and/or local BMA negotiating apparatus form and vote upon motions for submission to the annual representative meeting</p>	
<p><b>Bye-law 31</b></p>	<p><b>31. Divisions Regions and nations</b></p> <p>(1) <del>Each division shall elect at least one divisional representative and council shall annually allocate the remaining seats for divisional representatives,</del> Representatives shall be elected according to the proportionate membership of each region/nation over the twelve months preceding 1 October next before the annual representative meeting at which the representatives are due to take office, the total not to be less than half the membership of the representative body.</p> <p>(2) <del>In any one year where a division is entitled to elect two representatives, not more than</del></p>	<p>These changes set region or nation as the constituency for ARM, to allow for multi-member constituencies. This complies with the Romney recommendations. This gives opportunity for constraints or quotas to be set for Branches of Practice, gender, ethnicity, country of primary medical qualification, or other under-represented characteristics as determined by policy.</p>

	<p><del>one shall be in the same primary branch of practice as defined in bye-laws 56 (2) 2.2 and 58 (4).</del> In electing seats, mechanisms to ensure representation of branch of practice and other characteristics of the membership, as advised by the organisation committee from time to time, will be applied.</p> <p><del>3) In any one year where a division is entitled to elect three or more representatives not more than two shall be in the same primary branch of practice as defined in bye-laws 56 (2) 2.2 and 58 (4).</del></p> <p>(4.3) All elections of <b>divisional</b> representatives and of their deputies shall take place no later than 22 February next before the annual representative meeting at which the representatives are due to take office.</p> <p><del>(5) The secretary of each division shall not later than 1 March preceding the annual representative meeting, or such other date as council shall from time to time determine, give notice to the Association at its registered office of the name, address and primary branch of practice of each representative and deputy representative elected by their division.</del></p> <p>(6.4) Any seats to which no eligible representative has been elected in accordance with bye-law 31 (<del>5 3</del>) above, shall be reallocated by council as it shall from time to time determine.</p>	<p>Renumbered. "Divisional" removed as there will be a bigger constituency</p> <p>No longer required as elections will be completed in a bigger constituency, and members can give their own details.</p> <p>Renumbered</p>
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	<p>(7 5) In allocating seats in accordance with bye-law 31 (6 4), council shall have due regard to <del>the proportion of members residing in the geographical area of the electing bodies and the branch of practice</del> the representative balance of seats already elected.</p> <p>(8 6) <del>Each division shall elect a A</del> member or members of the Association who (or one of whom in such order of precedence as <del>may be</del> fixed by the <del>division</del> <b>representative characteristics</b> at the time of the election) shall act as deputy in place of any representative of that <del>division region or nation</del> at any representative meeting in the event of that representative being unable or unwilling to attend such meeting and any such deputy shall, for the purposes of such meeting, be the representative of the <del>division region or nation</del> so electing them.</p> <p>(9 7) Such deputy or deputies, who shall normally, but not necessarily, belong to the same primary branch of practice as the representative for whom they act as deputy, shall be elected at the time and in the manner provided with respect to the election of representatives</p>	<p>Renumbered. Change to allow broad consideration of representative balance.</p> <p>Renumbered. Under this change, deputies could be specified as meeting the same demographic criteria of the person originally elected.</p> <p>Renumbered</p>
Bye-law 34	<p><b>Other electing bodies</b></p> <p>(4) <u>Devolved Nation councils and English regional councils</u>  <b>The number of representatives to be determined by Council, as advised by organisation committee.</b></p>	<p>Addition of Devolved Nation and Regional Councils to the list of electing bodies to ARM, to enable experienced members to support the other geographical representatives</p>

<p><b>Bye-law 36</b></p>	<p><b>Deputies</b> Term of Office of Representatives; Resignation; casual vacancies</p> <p>(1) Any representative or deputy elected or appointed may resign their office by notice in writing to the Association at the registered office., <del>and, in addition, in the case of a representative or deputy elected by a division by notice in writing to the divisional secretary.</del></p> <p>(4) An electing body <del>division</del> may, by resolution passed by a majority of not less than two thirds of the members present and voting at a meeting of the <del>division electing body</del> specifically convened for the purpose, <del>request recall</del> any representative or deputy representative of that <del>body division to resign their office and if they fail to do so within seven days they shall be deemed to have resigned that office and decide to elect an alternative.</del> Any such meeting shall be convened by the <del>divisional regional</del> secretary, <del>national chair of council, or chair of conference</del> upon a request in writing signed by not less than ten members of the <del>division electing body</del> and delivered to the <del>divisional regional</del> secretary, <del>national chair of council, or chair of conference.</del> A copy of any resolution passed at such meeting shall be sent forthwith <del>by the divisional Secretary</del> to the representative or deputy representative in question.</p>	<p>Removal of notice to divisional secretary to reduce administrative burden.</p> <p>Change to electing body, as this will not be the division.</p> <p>Effective right of recall extended to all electing bodies and widened pool of responsible office holders to match. Removed references to divisions who may not elect to RB directly in future. Renamed recall for clarity – instead of “request to resign” and then “deemed to have resigned”.</p>

**APPENDIX IV**

**Amendments to the BYE-LAWS (ARM 2024)**

The current articles and bye-laws can be found at: [https://www.bma.org.uk/media/7483/bma\\_articles-and-bye-laws-2023-24.pdf](https://www.bma.org.uk/media/7483/bma_articles-and-bye-laws-2023-24.pdf)

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Bye-law	Recommended change	Explanation
<p><b>PART 3 – REPRESENTATIVE BODY</b></p> <p><b>Bye-law 34</b></p> <p><b>Other electing bodies</b></p>	<p>(1) <u>Junior members forum</u></p> <p>There shall be four representatives elected by the junior members forum appointed in such manner as the forum shall from time to time determine of whom at least one shall not have general practice or <del>junior</del> <b>resident</b> doctor as their primary branch of practice.</p>	<p>To replace the term ‘junior’ with ‘resident’.</p> <p>Note: no change to junior members forum as broader definition and therefore out of scope.</p>
<p><b>PART 3 – REPRESENTATIVE BODY</b></p> <p><b>Bye-law 53</b></p> <p><b>Joint Agenda Committee</b></p>	<p>For the purposes of representative meetings, there shall be a joint agenda committee consisting of:</p> <ul style="list-style-type: none"> <li>a) the representative body chair for the time being (as chair);</li> <li>b) the representative body deputy chair;</li> <li>c) two members of the representative body’s agenda committee elected by the agenda committee from among its number; and</li> <li>d) two members of their respective agenda committees appointed by each of: <ul style="list-style-type: none"> <li>- the annual conference of representatives of local medical committees;</li> <li>- the UK consultants conference;</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>- the <b>junior resident</b> doctors conference;</li> <li>- the conference of public health medicine and community health;</li> <li>- the conference of medical academic representatives;</li> <li>- the staff, associate specialists and specialty doctor conference;</li> <li>- the medical students conference;</li> <li>- the retired members conference,</li> </ul> <p>and such other branch of practice conferences as the representative body shall from time to time specify.</p>	To replace the term 'junior' with 'resident'.
<p><b>PART 4 – COUNCIL</b></p> <p><b>Bye-law 56</b> <b>Branches of practice (BoP)</b></p>	<p>The branches of practice categories, and the number of seats on the council allocated to each are:</p> <p>(a) General practice – 4 seats, no more than 3 of which shall be elected from the same gender</p> <p>(b) Consultants – 4 seats, no more than 3 of which shall be elected from the same gender</p> <p>(c) Staff and associate specialists – 2 seats</p> <p>(d) <b>Junior Resident</b> doctors – 5 seats, no more than 3 of which shall be elected from the same gender</p> <p>(e) Public health medicine and community health – 1 seat</p>	

	<p>(f) Academics – 1 seat</p> <p>(g) Armed forces – 1 seat</p> <p>(h) Occupational medicine – 1 seat</p> <p>(i) Members in practice but not covered by (a) to (h) above – 1 seat</p> <p>(j) Retired members – 1 seat</p> <p>(k) Medical students – 3 seats, of which no more than 2 shall be elected from the same gender. The voting members elected in medical student branch of practice seats shall hold office for two years from the conclusion of the annual representative meeting in the year of their election until the conclusion of the annual representative meeting of the second year of their term of office.</p>	<p>To replace the term ‘junior’ with ‘resident’.</p>
<p><b>PART 5 – COMMITTEES AND OTHER BODIES OF THE ASSOCIATION</b></p> <p><b>Bye-law 85</b></p>	<p>(1) There shall be such standing committees, with such names, composition, duties and powers, as are set forth in the first, second and third schedules to these bye laws and being elected or appointed in accordance therewith.</p> <p>(2) Of these committees:</p> <p>(a) Consultants committee; the general practitioners committee; the <del>junior</del> <b>resident</b> doctors committee;</p>	



	<p>the medical academic staff committee; the medical students committee;  the pensions committee;  the public health medicine committee; the retired members committee;  the staff, associate specialists and specialty doctor committee.</p> <p>shall have full delegated authority to act in relation to all matters within their respective terms of reference and shall report to council;</p>	<p>To replace the term 'junior' with 'resident'.</p>
<p><b>PART 5 – COMMITTEES AND OTHER BODIES OF THE ASSOCIATION</b></p> <p><b>Bye-law 107</b></p> <p><b>Reports of Committees</b></p>	<p>The committees and boards listed below, shall have the option to submit reports on their work electronically since the date of their last report unless there are recommendations for council (with the exception of the audit and risk committee, which will report to council in accordance with these bye-laws and all other meeting reports to the board of directors in accordance with the Companies Act and these bye-laws):</p> <p>Board of the BMJ publishing group;  Organisation committee;  Consultants committee;  General practitioners committee;  <del>Junior Resident</del> doctors committee;  Medical academic staff committee;  Medical students committee;  Public health medicine committee;</p>	

	<p>Staff, associate specialists, and specialty doctors committee;  Armed forces committee; Occupational medicine committee;  Civil and public service committee;  Forensic and secure environments committee;  Medico-legal committee;  Private practice committee;  Professional fees committee;  Committee on community care;  Committee of medical managers;  Equality and diversity committee;  International committee;  Medical ethics committee;  Retired members committee;  Professional regulation committee Pensions committee  BMA Charities;  Board of science;  Patient liaison group.</p>	<p>To replace the term 'junior' with 'resident'.</p>
<p><b>THE FIRST SCHEDULE TO THE BYE-LAWS – STANDING COMMITTEES</b></p> <p><b>MEMBERS (in addition to the members ex-officio mentioned in bye-law 84) and powers and duties</b></p>	<p><b>Northern Ireland Council</b></p> <p><u>Members ex officio</u> With voting rights:  NI consultants committee chair,  NI general practitioners committee chair,  NI staff &amp; associate specialists committee chair,  NI <del>junior</del> <b>resident</b> doctors committee chair,</p>	

	<p>NI medical students committee chair,  NI medical academic staff committee chair,  NI public health policy virtual committee chair.</p> <p><u>Elected or Appointed Members-</u>  <u>Otherwise elected or appointed</u></p> <p>(d) Five members whose primary branch of practice is <del>junior</del> <b>resident</b> doctor of whom shall be from each of the four NI divisions: East, North, South and West. The fifth seat should be allocated to a GP trainee. If a GP trainee does not stand then the fifth seat should be reallocated to another <del>junior</del> <b>resident</b> doctor.</p> <p>(l) Three members who shall be the top 3 polling doctors/students regardless of branch of practice or divisional area, over and above the members directly elected as set out above.</p>	<p>To replace the term 'junior' with 'resident'.</p>
	<p><b>Scottish Council</b></p> <p>Without voting rights, the chairs of the branch of practice committees in Scotland (SCC, SGPC, <del>SJRDC</del>, SSASC, SMSC) -</p> <p>Note: If the chair of one of the branch of practice committees, SSASC or SMSC) has an elected seat from the national or branch of practice constituencies, a nominee from that committee may be appointed as a non voting member.</p>	

	<p>The members of UK council whose UK electoral zone is Scotland.</p> <p>The Immediate Past chair of Scottish council for a period of one year after demitting office as chair.</p> <p>The chair of the Scottish LNC forum if the chair is not otherwise a member</p>	<p>To replace the term 'junior' with 'resident'.</p>
	<p><b>Welsh Council</b></p> <p><u>Members ex officio</u></p> <p>With voting rights</p> <p>The chairs of the:          Welsh consultants committee,          general practitioners committee Wales, Welsh staff grades &amp;          associate specialists committee,          Welsh committee for public health medicine, Welsh <del>junior</del> <b>resident</b>          doctors committee, forum of Welsh local negotiating committees,          Welsh medical students committee</p> <p>Without voting rights</p> <p>President,          UK council chair, UK council deputy chair, representative body chair,          Treasurer</p>	

	<p>members of UK council whose electoral zone is Wales, limited to the duration of the UK office and while having a registered address in Wales.</p> <p><u>Elected or Appointed Members- Otherwise elected or appointed</u></p> <p>With voting rights</p> <p>With voting rights: 15 directly-elected members who shall, by the application of electoral constraints, broadly reflect the distribution of the profession in Wales between:</p> <p>(a) those engaged or employed wholly or mainly in the following nine professional groupings:  general practice, hospital consultants, staff grade doctors and associate specialists, doctors in training grades, medical students, public &amp; community health medicine, retired members, armed forces members plus those members in practice but not covered by the other specified professional groupings;</p>	<p>To replace the term 'junior' with 'resident'.</p>
	<p><b>Consultants committee</b></p> <p><u>Elected or Appointed Members – Otherwise elected or appointed.</u></p>	

	<p>3, appointed by each regional consultants committee in England, 2 appointed by the Northern Ireland consultants committee, 2, appointed by the Welsh consultants committee and 6 Appointed by the Scottish committee for hospital medical services, all of whom shall be engaged exclusively or predominantly in consultant practice; 1 by the Central Committee for Hospital Dental Services of the British Dental Association; 10 appointed as non- voting representatives on the following basis: 1 by the general practitioners committee; 1 by the public health medicine committee; 1 by the medical academic staff committee; 1 by the <del>junior resident</del> doctors committee; 1 by the staff, associate specialists and specialty doctor committee, 1 by the Ophthalmic Group, 1 by the committee for medical managers, and that the remaining seats be allocated to observers from other organisations; 3 representatives nominated by the Academy of Medical Royal Colleges; but so that none of the last mentioned 3 members shall be eligible for appointment to represent the consultants committee on the joint medical consultative committee.</p>	<p>To replace the term 'junior' with 'resident'.</p>
	<p><b>General practitioners committee</b></p> <p><u>Elected or Appointed Members – By the representative body</u></p>	

	<p>10, elected on a geographical basis. To be eligible for election, candidates must be either engaged exclusively or predominantly in providing personally or performing NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election and included in the GMC's GP register at the time of, or within 60 days of, election, or employed as a medically qualified secretary of a local medical committee, or employed as a general practitioner under the doctors retainer scheme.</p> <p><u>Elected or Appointed Members- Otherwise elected or appointed</u></p> <p>Voting members</p> <p>Registered (other than provisionally registered) medical practitioners appointed as follows: 56 practitioners (whether members of the Association or not) whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election, or medically qualified secretaries of local medical committees or GPs on the doctors retainer scheme, in such manner as the general practitioners committee shall from time to time determine, to be nominated or elected as follows: 43 to be elected on a constituency basis</p>	<p>To replace the term 'junior' with 'resident'.</p>
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	<p>from among general practitioners or LMC officers; 7 to be elected by the annual conference of representatives of local medical committees; 1 to be nominated by the Medical Women's Federation; 2 to be nominated by the Medical Practitioners Union; 2 to be nominated by the GP trainees subcommittee being members of that subcommittee; 1 to be nominated by the British International Doctors Association.</p> <p>Non-Voting members.</p> <p>Registered (other than provisionally registered) medical practitioners to be nominated as follows: 1 to be nominated by the consultants committee; 1 to be nominated by the public health medicine committee; 1 to be nominated by the <del>junior</del> resident doctors committee; 1 to be nominated by the staff, associate specialists and specialty doctor committee, 2 to be nominated by the Council of the Royal College of General Practitioners.</p>	<p>To replace the term 'junior' with 'resident'.</p>
	<p><b>International committee</b></p> <p><u>Elected or Appointed Members- Otherwise elected or appointed</u></p> <p>10 who are each elected from the following branches of practice: consultants committee, public health medicine committee, general practitioners</p>	



	<p>committee, <b>junior resident</b> doctors committee, medical academic staff committee, the staff, associate specialists and specialty doctors committee, board of science, medical ethics committee, occupational medicine committee and medical students committee.</p> <p><u>Duties, powers etc</u></p> <p>To deal with immigration issues relevant to UK, EU and non-EU doctors working in the UK and the EU.</p> <p>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.</p>	<p>No change as external group.</p>
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**Junior Resident doctors' committee**

Members ex officio

With voting rights:

the chairs of the Scottish **JRDC**, Welsh **JRDC**, Northern Ireland **JRDC** and the 13 English **RJRDCs**. -

Without voting rights:

the four chief officers of the BMA; the five members who are elected to BMA council to represent **junior resident** doctors in the branch of practice seats;  
the appointed JNC(J) negotiators if they are unsuccessful getting re-elected to **UKJRDC** via any route with the exception of any negotiators that were selected from other BMA committees who shall be granted an ex-officio non-voting seat for the duration of the two-session term, the **junior resident** doctors' conference chair; the chair of the Junior members' forum (where they are a **junior resident** doctor); the immediate past chair of the **JRDC**, should they not be elected via any other route.

	<p><u>Elected or Appointed Members- By the representative body</u></p> <p>With voting rights: 8 who are <b>junior resident</b> doctors, or who hold, or who have accepted an offer of, appointment to such a post such that they will fulfil the definition of <b>junior resident</b> doctor by the time of the first meeting of the <b>junior resident</b> doctors committee of the BMA session following the ARM at which they stand for election.</p>	
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	<p><u>Elected or Appointed Members - Otherwise elected or appointed</u></p> <p>37, elected from geographical regions, with voting rights:</p> <p>Eastern (2), Mersey (1), North Thames (5), Northern (2), North West (2), Northern Ireland (2), Thames Valley (1), Scotland (4), South Thames (5), Peninsula (1), Severn (1), East Midlands (2), Wales (2), Wessex (1), West Midlands (3), Yorkshire (3);</p> <p>(those members of the UK <b>JRDC</b> who move regions or countries will remain members of the committee in a non-voting capacity for the remainder of the session in which their move took place).</p> <p>14, elected or appointed from other committees, or subcommittees; with voting rights:</p> <p>2 doctors in training by the GPC GP trainees subcommittee; 1 doctor in training by the public health medicine registrars subcommittee; 2 medical students by the medical students committee; 1 dentist in training by the British Dental Association; 1 doctor in training by the armed forces committee;</p>	
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	<p>1 doctor in flexible training by <b>JRDC's</b> less than full time training forum; without voting rights:</p> <p>1 by the consultants committee; 1 by the general practitioners committee; 1 by the medical academic staff committee 1 by the staff, associate specialists and specialty doctor committee; Chair of the joint academic trainees subcommittee, should they not be elected by another route. 1 by the committee of medical managers; 1 by the patient liaison group.</p>	<p>To replace the term 'junior' with 'resident'.</p>
	<p><b>Medical students committee</b></p> <p><u>Elected or Appointed Members – Otherwise elected or appointed</u></p> <p>Other BMA committee representatives (non-voting): 1 by the <b>junior resident</b> doctors committee, 1 by the medical academic staff committee; 1 by the GPC trainees subcommittee.</p>	

	<p><b>Pensions committee</b></p> <p><u>Elected or Appointed Members- Otherwise elected or appointed</u></p> <p>Voting Members:</p> <ul style="list-style-type: none"> <li>- One member elected by the Consultants Committee</li> <li>- One member elected by the Public Health Medicine Committee</li> <li>- One member elected by the <del>junior Resident</del> <b>Resident</b> Doctors Committee</li> <li>- One member elected by the Staff, Associate Specialists &amp; Specialty Doctors Committee</li> <li>- One member elected by the Medical Academic Staff Committee</li> <li>- One member elected by the Armed Forces Committee</li> <li>- One member elected by the Retired Members Committee</li> <li>- Three members elected by the General Practitioners Committee</li> <li>- One member elected by Northern Ireland Council</li> <li>- One member elected by Scottish Council</li> <li>- One member elected by Welsh Council</li> <li>- One member appointed by the British Dental Association</li> </ul>	<p>To replace the term 'junior' with 'resident'.</p>
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	<p><b>Private practice committee</b></p> <p><u>Elected or Appointed Members – Otherwise elected or appointed</u></p> <p>2 elected by the consultants committee, 1 by the <b>junior resident</b> doctors committee; 1 by the general practitioners committee; 1 by the professional fees committee; 1 by the staff, associate specialists and specialty doctor committee; 1 representative of hospital dental practice, nominated and funded by the Central Committee for Hospital Dental Services; 1 member by the Academy of Royal Medical Colleges.</p>	
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	<p><b>Professional fees committee</b></p> <p><u>Elected or Appointed Members – Otherwise elected or appointed</u></p> <p>1 who undertakes on average at least four sessions work each week for central government departments, agencies or their contractors, elected by members who undertake fee paid sessional work for central government departments, agencies or their contractors; 1 by the consultants committee; 2 by the general practitioners committee; 1 by the occupational medicine committee; 1 by the <del>junior resident</del> doctors committee; 1 by the private practice committee. 1 by the staff, associate specialists and specialty doctor committee. 1 by Northern Ireland council, 1 by Scottish council and 1 by Welsh council.</p>	<p>To replace the term 'junior' with 'resident'.</p>



	<p><b>Professional regulation committee</b></p> <p><u>Elected or Appointed Members –</u></p> <p><u>Otherwise elected or appointed</u></p> <p>1 representative from each of the following branch of practice committees: consultants committee, general practitioners committee, <b>junior resident</b> doctors committee, medical academic staff committee, public health medicine committee, staff, associate specialists and specialty doctors committee, medical students committee, retired members committee and the private practice committee.</p>	<p>To replace the term ‘junior’ with ‘resident’</p>
	<p><b>Public health medicine committee</b></p> <p><u>Elected or Appointed Members – Otherwise elected or appointed</u></p> <p>One by the specialist registrars subcommittee; the specialists registrars subcommittee chair; one by the board of science, one by the consultants committee (non-voting), one by the general practitioners committee (non-voting), one by the <b>junior resident</b> doctors committee (non-voting), one by the staff, associate specialists and specialty doctor committee (non-voting); one by the medical students committee (one-voting); an academic consultant in public health medicine, to be appointed by the medical academic staff committee (non-voting).</p> <p><u>Duties, powers etc</u></p> <p>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.</p>	<p>To replace the term ‘junior’ with ‘resident’..</p>

	<p><b>Specialist, associate specialists and specialty doctor committee</b></p> <p>Members ex officio</p> <p>The two members of BMA council elected to represent specialist, associate specialist and speciality doctors in the branch of practice seats (without voting rights).</p> <p>Elected or appointed members Otherwise elected or appointed</p> <p>1 member appointed from each of the regional staff and associate specialist committees or regional non- consultant career grades subcommittees in England, 2 from Scotland, 1 from Wales and 1 from Northern Ireland, one representative to be elected by the British Dental Association (with voting rights). 1 member to be appointed by each of the consultants committee, the public health medicine committee, the general practitioners committee, the <b>junior resident</b> doctors committee, the medical academic staff committee and one member appointed by the Academy of Medical Royal Colleges (without voting rights).</p> <p>Duties, powers etc</p> <p>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 four years ago and/or those who do not intend to go back into training.</p>	<p>To replace the term 'junior' with 'resident'.</p>

	<p><b>Medical academic staff committee</b></p> <p>Otherwise appointed or elected:</p> <p>(iii) There shall also be: one representative from the CC, one representative from the <b>JRDC</b>, one representative from the GPC, one representative from the SASC, one representative from the medical students committee and one from the Patients liaison group (without voting rights).</p>	

<p><b>THE THIRD SCHEDULE TO THE BYE-LAWS - BOARD OF SCIENCE AND MEDICAL ETHICS COMMITTEE MEMBERS (in addition to the members ex-officio mentioned in bye-law 84) and Powers and Duties</b></p>	<p><b>Board of Science</b></p> <p><u>Elected or appointed members</u> <u>By the council</u></p> <p>Six members elected each for a three-year term, staggered so two are elected each year. At point of election, two of these six must be <del>junior</del> resident doctors.</p> <p><u>Duties, powers etc</u></p> <p>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).</p> <p>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.</p>	<p>To replace the term 'junior' with 'resident'.</p>
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## APPENDIX V

### Amendments to the BYE-LAWS (ARM 2024)

The current articles and bye-laws can be found at: [https://www.bma.org.uk/media/7483/bma\\_articles-and-bye-laws-2023-24.pdf](https://www.bma.org.uk/media/7483/bma_articles-and-bye-laws-2023-24.pdf)

You can also ask any questions in advance of the meeting by e-mailing [llaird@bma.org.uk](mailto:llaird@bma.org.uk)

BYE-LAWS OF THE ASSOCIATION		
Bye-law	Recommended change	
<p><b>PART 5 - COMMITTEES AND OTHER BODIES OF THE ASSOCIATION</b></p> <p><b>85</b></p>	<p>85. (1) There shall be such standing committees, with such names, composition, duties and powers, as are set forth in the first, second and third schedules to these bye-laws and being elected or appointed in accordance therewith.</p> <p>(2) Of these committees:</p> <p>(a) Consultants committee; the general Practitioners committee <b>UK</b>; the junior doctors committee; the medical academic staff committee; the medical students committee; the pensions committee; the public health medicine committee; the retired members committee; the staff, associate specialists and speciality doctor committee</p> <p>shall have full delegated authority to act in relation to all matters within their respective terms of reference and shall report to council; and</p> <p>b) the Northern Ireland council; the Scottish council; the Welsh council</p> <p>shall have full delegated authority to act in relation to all matters within their respective terms of reference and shall report to council; and</p>	<p>To add 'UK' to the end all usages of the 'general practitioners committee'</p>

	<p>(c) the armed forces committee; the forensic and secure environments committee; the occupational medicine committee; the private practice committee; the professional fees committee;</p> <p>shall have delegated authority to negotiate terms and conditions of service (including fees) for medical employment or services outside the National Health Service and shall report to council and;</p> <p>(d) the medical ethics committee (which shall report to council);</p> <p>(e) the organisation committee which shall report to Council); shall have the delegated authority as set out In column 6 of the first, second and third schedules.</p> <p>(3) National branch of practice committees in Scotland, Wales and Northern Ireland shall have full delegated authority to negotiate on devolved matters.</p> <p><b>(4) National general practitioners committees, in each of the four nations, shall have full delegated authority to negotiate on their respective national matters</b></p>	<p>To insert a new part to the bye-law to reflect the autonomy of nation GP committees and recognise GPC England in they Bye-laws</p>
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BYE-LAWS OF THE ASSOCIATION		
Second schedule to the bye-laws		
SCHEDULE REFERENCE:	RECOMMENDED CHANGE	EXPLANATION
<p><b>MEMBERS</b></p> <p><b>(in addition to the members ex-officio mentioned in bye- law 84) and powers</b></p>	<p><u>Name</u></p> <p>General practitioners committee <b>UK</b></p> <p><u>Members ex officio</u></p> <p><del>practitioners committee chair.</del></p> <p><del>practice in the branch of practice seats</del></p>	<p>These changes reflect changes to the remit of GPC UK to primarily being an oversight and knowledge sharing committee of the GP component committees as approved by GPCUK on 14 March 2024.</p> <p>These changes remove the</p>

<p><b>and duties</b></p> <p>General Practitioners Committee</p>	<p><del>(without voting rights).</del></p> <p><b>The Chief Officers of the BMA (non-voting): the Chair of Council, the Deputy Chair of Council, the Chair of the Representative Body, the Treasurer</b></p> <p><u>Elected or appointed members</u></p> <p><i>By the representative body</i></p> <p>10, elected on a geographical basis. To be eligible for election, candidates must be either engaged exclusively or predominantly in providing personally or performing NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election and included in the GMC's GP register at the time of, or within 60 days of, election, or employed as a medically qualified secretary of a local medical committee, or employed as a general practitioner under the doctors retainer scheme.</p> <p>The 52 sessions electoral requirement referred to above shall be waived where a GP would normally have complied with this requirement but was prevented from so doing by sickness or absence on maternity leave, has a reasonable expectation of returning to clinical practice sufficient to meet the requirement and intends to do so. This exemption is to apply for a period of not more than 12 months and not in two consecutive sets of elections. Of the 10 members elected to the GPC <b>UK</b> by the RB, at least one will have their principal place of work in England, one in Scotland, one in Wales and one in Northern Ireland and the electorate for all 10 seats will be all voting members of the RB.</p> <p><u>Otherwise elected or appointed</u></p> <p><u>Voting members</u></p> <p>Registered (other than provisionally registered) medical practitioners appointed as follows: <b>56-35</b> practitioners <del>(whether members of the Association or</del></p>	<p>regional representatives elected to GPCUK, with the new membership of GPCUK consisting of 3 members of each executive/ officer team of each committee. The following representative positions have been retained;</p> <p>10 representatives elected at LMCUK, and a number of seats for specialist areas and ex-officio seats.</p> <p>The duties and powers have been amended to reflect the committees.</p>
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~~not~~ whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election, or medically qualified secretaries of local medical committees or GPs on the doctors retainer scheme, in such manner as the general practitioners committee UK shall from time to time determine, to be nominated or elected as follows: ~~43 to be elected on a constituency basis from among general practitioners or LMC officers; 3 members from each of the executive / officer teams of the six component committees of GPC UK, including the chair from each committee; the chair of UK Conference of LMCs (ex officio); the deputy chair of UK Conference of LMCs (ex officio); 1 early career GP from the UK Conference of LMCs; the GPCUK Representation Policy Group Lead, the GPCUK Education & Training Policy Group Lead; 1 representative of prison GPs providing NHS Primary Medical Services in prisons or other secure environments; 7 to be elected by the annual conference of representatives of local medical committees, 1 of whom must never have previously held membership of GPC UK in any capacity; 1 to be nominated by the Medical Women's Federation; 2 to be nominated by the Medical Practitioners Union; 2 to be nominated by the GP trainees subcommittee being members of that subcommittee; 1 to be nominated by the British International Doctors Association.~~

The two sessions electoral requirement referred to above shall be waived where a GP would normally have complied with this requirement but was prevented from so doing by sickness or absence on maternity leave, has a reasonable expectation of returning to clinical practice sufficient to meet the requirement and intends to do so. This exemption is to apply for a period of not more than 12 months and not in two consecutive sets of elections. The committee shall have power to appoint



up to 6 additional voting members to represent categories of GP contractual arrangement or classes of experience which, in the view of the committee, are not in the view of the committee, are not adequately represented. ~~Four seats on the GPC to be reserved for members of the Sessional GP's sub-committee.~~

Non-Voting members

Registered (other than provisionally registered) medical practitioners to be **elected or** nominated as follows: 1 to be **elected nominated** by the consultants committee; 1 to be **elected nominated** by the public health medicine committee; 1 to be **elected nominated** by the junior doctors committee; 1 to be **elected nominated** by the staff, associate specialists and specialty doctor committee, 2 to be nominated by the Council of the Royal College of General Practitioners. 1 representative appointed by the Council of the British Dental Association

Duties, powers, etc

**To deal with pan-UK matters affecting component general practitioner committees across the UK.**

~~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. A constituency entitled to appoint a representative 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 group shall hold office as chair of the committee~~

<p><b>MEMBERS</b></p> <p>Consultants committee</p>	<p><u>Otherwise elected or appointed</u></p> <p>3, appointed by each regional consultants committee in England, 2 appointed by the Northern Ireland consultants committee, 2, appointed by the Welsh consultants committee and 6 Appointed by the Scottish committee for hospital medical services, all of whom shall be engaged exclusively or predominantly in consultant practice; 1 by the Central Committee for Hospital Dental Services of the British Dental Association; 10 appointed as non-voting representatives on the following basis: 1 by the general practitioners committee <b>UK</b>; 1 by the public health medicine committee; 1 by the medical academic staff committee; 1 by the junior doctors committee; 1 by the staff, associate specialists and specialty doctor committee, 1 by the Ophthalmic Group, 1 by the committee for medical managers, and that the remaining seats be allocated to observers from other organisations; 3 representatives nominated by the Academy of Medical Royal Colleges; but so that none of the last mentioned 3 members shall be eligible for appointment to represent the consultants committee on the joint medical consultative committee. Members of the CC shall be engaged exclusively in consultant practice. Where a specialty is not represented on the committee through the above routes, the CC shall consider co-opting a representative. Furthermore, those of or over 65 years of age must be in active practice to the extent of at least five notional half days a week or its equivalent.</p>	<p>To add 'UK' to the end all usages of the 'general practitioners committee'</p>
<p><b>MEMBERS</b></p> <p>International committee</p>	<p><u>Otherwise elected or appointed</u></p> <p>10 who are each elected from the following branches of practice: consultants committee, public health medicine committee, general practitioners committee <b>UK</b>, junior doctors committee, medical academic staff committee, the staff, associate specialists and specialty</p>	<p>To add 'UK' to the end all usages of the 'general practitioners committee'</p>

	doctors committee, board of science, medical ethics committee, occupational medicine committee and medical students committee.	
<b>MEMBERS</b>  Junior doctors committee	<p><u>Otherwise elected or appointed</u></p> <p>37, elected from geographical regions, with voting rights:</p> <p>Eastern (2), Mersey (1), North Thames (5), Northern (2), North West (2), Northern Ireland (2), Thames Valley (1), Scotland (4), South Thames (5), Peninsula (1), Severn (1), East Midlands (2), Wales (2), Wessex (1), West Midlands (3), Yorkshire (3);</p> <p>(those members of the UK JDC who move regions or countries will remain members of the committee in a non-voting capacity for the remainder of the session in which their move took place).</p> <p>14, elected or appointed from other committees, or subcommittees; with voting rights: 2 doctors in training by the GPC GP trainees subcommittee; 1 doctor in training by the public health medicine registrars subcommittee; 2 medical students by the medical students committee; 1 dentist in training by the British Dental Association; 1 doctor in training by the armed forces committee; 1 doctor in flexible training by JDC's less than full time training forum;</p> <p>without voting rights: 1 by the consultants committee; 1 by the general practitioners committee <b>UK</b>; 1 by the medical academic staff committee 1 by the staff, associate specialists and specialty doctor committee; Chair of the joint academic trainees subcommittee, should they not be elected by another route. 1 by the committee of medical managers; 1 by the patient liaison group</p>	To add 'UK' to the end all usages of the 'general practitioners committee'
<b>MEMBERS</b>	<p><u>Otherwise elected or appointed</u></p> <p>i) Sixteen members elected by the</p>	To add 'UK' to the end all usages of the 'general practitioners committee'

<p>Medical Academic Staff Committee</p>	<p>conference of medical academic representatives (at least two of whom shall be academic trainees, at least two of whom shall be consultant clinical academics and at least one shall be an academic GP);</p> <p>(ii) Four members elected by and from among academics in Scotland at least one of whom shall be a consultant clinical academic, one an academic trainee and one a public health academic or academic GP. Two members elected by and from among medical academics employed in Wales. The elected chair and deputy chair of Northern Ireland MASC or their nominees.</p> <p>iii) There shall also be: one representative from the CC, one representative from the JDC, one representative from the GPC <b>UK</b>, one representative from the SASC, one representative from the medical students committee and one from the Patients liaison group (without voting rights)</p> <p>(iv) Two representatives appointed by the Central Committee for Dental Academic Staff of the British Dental Association.</p> <p>(v) One representative of pharmaceutical physicians appointed by The faculty of Pharmaceutical Medicine</p>	
<p><b>MEMBERS</b></p> <p>Pensions Committee</p>	<p><u>Otherwise elected or appointed</u></p> <p>Voting members:</p> <ul style="list-style-type: none"> <li>- One member elected by the Consultants Committee</li> <li>- One member elected by the Public Health Medicine Committee</li> <li>- One member elected by the Junior Doctors Committee</li> <li>- One member elected by the Staff, Associate Specialists &amp; Specialty Doctors Committee</li> <li>- One member elected by the Medical Academic Staff Committee</li> <li>- One member elected by the Armed Forces Committee</li> </ul>	<p>To add 'UK' to the end all usages of the 'general practitioners committee'</p>

	<ul style="list-style-type: none"> <li>- One member elected by the Retired Members Committee</li> <li>- Three members elected by the General Practitioners Committee <b>UK</b></li> <li>- One member elected by Northern Ireland Council</li> <li>- One member elected by Scottish Council</li> <li>- One member elected by Welsh Council</li> <li>- One member appointed by the British Dental Association</li> </ul>	
<p><b>MEMBERS</b></p> <p>Private Practice Committee</p>	<p><u>Otherwise elected or appointed</u></p> <p>2 elected by the consultants committee, 1 by the junior doctors committee;</p> <p>1 by the general practitioners committee <b>UK</b>, 1 by the professional fees committee;</p> <p>1 by the staff, associate specialists and specialty doctor committee;</p> <p>1 representative of hospital dental practice, nominated and funded by the Central Committee for Hospital Dental Services;</p> <p>1 member by the Academy of Royal Medical Colleges.</p> <p>Four BMA members who are</p> <p>engaged in consultant or specialist clinical practice under the National Health Service Act 2006 (and/or the equivalent legislation in the devolved nations) and who are also engaged in active private consultant or specialist clinical practice, elected by an electronic election of members registered with the BMA as meeting the same criteria.</p> <p>Two BMA members who do not provide and/or perform primary medical services under the National Health Service Act 2006 (and/or the equivalent legislation in the devolved nations) and who earn 75% or more of their income from private general medical practice and are engaged in private general medical practice to the extent of at least 20 hours per week,</p>	<p>To add 'UK' to the end all usages of the 'general practitioners committee'</p>

	<p>elected by members who are registered with the BMA as not providing and/or performing primary medical services under the National Health Service Act 2006 (and/or the equivalent legislation in the devolved nations) and are engaged in active private general medical practice.</p> <p>Two BMA members who are engaged in active consultant or specialist clinical practice to the extent of at least 20 hours per week, treat patients who are receiving privately funded healthcare (via a private medical insurer / self-pay or both), have no contract of employment, earn 75% or more of their professional income from private consultant or specialist clinical practice, elected by BMA members who meet the same criteria.</p>	
<p><b>MEMBERS</b></p> <p>Private Practice Committee</p>	<p><u>Otherwise elected or appointed</u></p> <p>1 who undertakes on average at least four sessions work each week for central government departments, agencies or their contractors, elected by members who undertake fee paid sessional work for central government departments, agencies or their contractors; 1 by the consultants committee; 2 by the general practitioners committee <b>UK</b>; 1 by the occupational medicine committee; 1 by the junior doctors committee; 1 by the private practice committee. 1 by the staff, associate specialists and specialty doctor committee. 1 by Northern Ireland council, 1 by Scottish council and 1 by Welsh council.</p>	<p>To add 'UK' to the end all usages of the 'general practitioners committee'</p>
<p><b>MEMBERS</b></p> <p>Professional Regulation Committee</p>	<p><u>Otherwise elected or appointed</u></p> <p>1 representative from each of the following branch of practice committees: consultants committee, general practitioners committee <b>UK</b>, junior doctors committee, medical academic staff committee, public health medicine committee, staff, associate specialists and specialty doctors committee, medical</p>	<p>To add 'UK' to the end all usages of the 'general practitioners committee'</p>

	students committee, retired members committee and the private practice committee.	
<b>MEMBERS</b>  Public Health Medicine Committee	<p><u>Otherwise elected or appointed</u></p> <p>12, engaged exclusively or predominantly in public health medicine, to be elected by public health physicians in the established and training grades (at least of whom 1 shall be elected from Scotland, 1 from Wales, 1 from Northern Ireland, and 1 from England.</p> <p>Where one representative or less is elected who is employed either by a local authority, or by PHE, the committee may co-opt an additional representative from the relevant constituency (without voting rights).</p> <p>One by the specialist registrars subcommittee; the specialists registrars subcommittee chair; one by the board of science, one by the consultants committee (non-voting), one by the general practitioners committee <b>UK</b> (non-voting), one by the junior doctors committee (non-voting), one by the staff, associate specialists and specialty doctor committee (non-voting); one by the medical students committee (one-voting); an academic consultant in public health medicine, to be appointed by the medical academic staff committee (non-voting).</p> <p>One public health dentist appointed by the British Dental Association</p> <p>One from the occupational health committee (non-voting).</p>	To add 'UK' to the end all usages of the 'general practitioners committee'
<b>MEMBERS</b>  Specialist, associate specialists and and specialty doctor committee	<p><u>Otherwise elected or appointed</u></p> <p>1 member appointed from each of the regional staff and associate specialist committees or regional non-consultant career grades subcommittees in England, 2 from Scotland, 1 from Wales and 1 from Northern Ireland, one representative to be elected by the British Dental Association</p>	To add 'UK' to the end all usages of the 'general practitioners committee'

	<p>(with voting rights). 1 member to be appointed by each of the consultants committee, the public health medicine committee, the general practitioners committee <b>UK</b>, the junior doctors committee, the medical academic staff committee and one member appointed by the Academy of Medical Royal Colleges (without voting rights).</p> <p>Eligibility to stand for election shall be in accordance with the provisions set out in SASSDC's standing orders at the time of election, subject to annual review by the organisation committee</p>	
<b>INDEX PAGE</b>	General Practitioners Committee <b>UK</b> .....116	To add 'UK' to the end all usages of the 'general practitioners committee'



## APPENDIX VI

### Amendments to the BYE-LAWS (ARM 2024)

The current articles and bye-laws can be found at: [https://www.bma.org.uk/media/7483/bma\\_articles-and-bye-laws-2023-24.pdf](https://www.bma.org.uk/media/7483/bma_articles-and-bye-laws-2023-24.pdf)

You can also ask any questions in advance of the meeting by e-mailing [llaird@bma.org.uk](mailto:llaird@bma.org.uk)

BYE-LAWS OF THE ASSOCIATION		
Second schedule to the bye-laws		
SCHEDULE REFERENCE	RECOMMENDED CHANGE	EXPLANATION
<b>Medical Academic Staff Committee</b>	<p>Without voting rights: The four BMA chief officers</p> <p>The president of the BMA,</p> <p>The joint academic trainees subcommittee chair <b>(if not already a member)</b>.</p> <p>The member of BMA council elected to represent academics in the branch of practice seat</p> <p><b>The Chair of the Conference of Medical Academic Representatives</b></p>	To formally include the chair of JATS and COMAR.
	<p><del>Sixteen members elected by the conference of medical academic representatives (at least two of whom shall be academic trainees, at least two of whom shall be consultant clinical academics and at least one shall be an academic GP);</del></p> <p><b>(i) Four consultant or specialist clinical academics elected by and from among academics in England with no more than three from the same gender;</b></p> <p><b>(ii) Four GP or public health clinical academics elected by and from among academics in England with no more than three from the same gender;</b></p> <p><b>(iii) Four clinical academic trainees elected by and from among academics in England with no more than three from the same gender;</b></p>	Changes to the MASC election process hold national elections to the committee, in place of the elections currently held at COMAR. Gender maxima have also been included for some of the elections. This is intended to improve the representativeness of MASC and the engagement of medical academics with it and its elections.

	<p><del>(iii)</del> (iv) Four members elected by and from among academics in Scotland at least one of whom shall be a consultant clinical academic, one an academic trainee and one a public health academic or academic GP.</p> <p>(v) Two members elected by and from among medical academics employed in Wales.</p> <p>(vi) The elected chair and deputy chair of Northern Ireland MASC or their nominees <b>or in the absence of a chair or deputy, the nominees of the Chair of Northern Ireland Council</b></p> <p><b>(vii) Four members elected by and from among all medical academics in the United Kingdom as defined under the duties and powers of the Committee, with no more than three from the same gender.</b></p> <p>(viii) Two representatives appointed by the Central Committee for Dental Academic Staff of the British Dental Association.</p> <p>(ix) One representative of pharmaceutical physicians appointed by The Faculty of Pharmaceutical Medicine</p> <p>(x) There shall also be: one representative from the CC, one representative from the JDC, one representative from the GPC, one representative from the SASC, one representative from the medical students committee and one from the Patients liaison group (without voting rights).</p>	
<p><b>Retired Members committee</b></p>	<p>Without voting rights: The four BMA chief officers.</p> <p><b>The president.</b></p> <p>The member of BMA council elected to represent the retired members in the branch of practice seat.</p> <p>The immediate past chair of the retired members committee (for one session only, <b>from the start of the 2022-23 session</b>).</p> <p>With voting rights: The chair and deputy</p>	<p>To remove references to committee transition arrangements for sessions up to and including 2022-23.</p> <p>To correct the omission of the president from the ex-officio membership of the committee.</p>

	<p>chair of the retired members conference.-</p> <p><del>The immediate past chair of the retired members conference (until the end of the 2022-2023 session),</del></p>	
	<p><del>5, until the end of the 2022-23 session, and 6, from the start of the 2023-24 session,</del> elected from the retired members conference, no more than two-thirds of whom shall be from the same gender</p>	
<b>Consultants committee</b>	<p>10, being members of the Association engaged exclusively or predominantly in consultant practice, at least one should have their principal place of work in England, one in Northern Ireland, one in Scotland and one in Wales and that the electorate for all 10 seats will be all voting members of the RB.</p> <p><b>Excluding the 3 seats allocated to Northern Ireland, Wales and Scotland, no more than 4 of the 7 remaining representative seats may be held by men.</b></p> <p><b>Nominations for election at ARM to those seats should be opened twice before one of those four seats is filled by a man</b></p>	To introduce gender quotas on the ARM representative seats
<b>Occupational Medicine committee</b>	<p><del>3</del>,2 members elected annually for a single session, by the Council (voting) - <del>3</del>,2 from the remainder that have stood for election via ARM, who 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 or be in an approved occupational medicine training post.</p>	To reduce membership of the committee by one.

## APPENDIX VII

### Subscriptions table (To be taken under the ARM agenda heading 'Finances of the Association')

	2023/24	2024/25
STANDARD RATE	£499	£524
Member in 1st year after qualification	£121	£125
Member in 2nd, 3rd or 4th year after qualification <b>(See Note 1)</b>	£240	£247
Member in 5th, 6th or 7th year after qualification <b>(See Notes 1 and 2)</b>	£357	£368
Armed Forces within UK except those within 7 years of Qualification <b>(See Note 2)</b>	£433	£446
Members resident in Channel Islands or Isle of Man Except those within 7 years of qualification	£433	£446
Overseas member resident outside the UK, including:	£310	£319
<ul style="list-style-type: none"> <li>• Ships surgeons</li> <li>• Armed Forces members posted overseas for over 12 months <u>and</u> not within 4 years of qualification</li> </ul>		
Dental surgeons except those within 4 years of qualification	£310	£319
<b><u>Concessionary Rates</u></b>		
Maternity/paternity Leave <b>(See note 8)</b>	£182	£187
Spouse/partner of member <b>(See Note 6)</b>	£265	£278
Permanently and predominantly retired from all medical Practice	£186	£192
<b><u>Income earnings less than £26,000 from all medical practice</u></b>		
Doctor earning less than £26,000 <b>(See note 3 &amp; 9)</b>	£180	£185
<b><u>Income earnings between £26,001 and £41,000 from all medical practice</u></b>		
Doctor earning between £26,001 and £41,000 <b>(See note 4 &amp; 9)</b>	£210	£216
<b><u>Income earnings between £41,001 and £56,000 from all medical practice</u></b>		
Doctors earning between £41,001 and £56,000 <b>(see note 5 &amp; 9)</b>	£240	£247
Doctors on LTFT Contract earning less than £56,000 <b>(See note 8 &amp; 9)</b>	£240	£247
<b><u>Free Membership</u></b>		
Voluntary Worker <b>(See Note 7)</b>	NIL	NIL
Member for more than 50 years <b>(Life Member)</b>	NIL	NIL
IMG doctors in their first 12 months of residency in the UK	NIL	NIL
<b><u>STUDENT</u></b>		
Freshers (with direct debit mandate for 2 <sup>nd</sup> year renewal)	NIL	NIL
Freshers without direct debit mandate, non-fresher 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> Year	£39	£42
Other Student Members	£45	£42

	<p><b>NOTES:</b></p> <ol style="list-style-type: none"> <li>1. Members within 7 years of qualification can claim the appropriate rate for their role, providing they are no more than 2 years 'out of programme' and can provide suitable evidence.</li> <li>2. The Armed Forces rate is available to Military Reservists who provide proof of status</li> <li>3. Can be claimed by any member whose gross professional income is not expected to exceed £26,000. A separate claim must be made each year</li> <li>4. Can be claimed by any member whose gross professional income is between £26,001 and £41,000. A separate claim must be made each year</li> <li>5. Can be claimed by any member whose gross professional income is between £46,001 and £56,000. A separate claim must be made each year</li> <li>6. The spouse/partner concessionary rate is available to co-habiting couples with financial interdependence and a joint home: <ul style="list-style-type: none"> <li>• The reduction is granted only to one partner. If both partners qualify for a concession, this rate will be applied to the partner who otherwise would have paid the lesser rate</li> <li>• A separate copy of the BMJ/The Doctor will not be sent to the member claiming the concession unless they submit a written request</li> </ul> </li> <li>7. The voluntary worker rate cannot be claimed by a member in paid employment. Suitable evidence of employment must be provided</li> <li>8. These reduced subscriptions will be applied for a period of 12 months.</li> <li>9. Can be claimed by any Junior Doctor member on a LTFT contract</li> </ol> <p><b><u>INCOME TAX ALLOWANCE ON MEMBERSHIP SUBSCRIPTIONS</u></b></p> <p>Employed and Self-Employed members may be able to claim income tax relief on their subscriptions. Members should contact their financial adviser or HMRC (<a href="http://www.hmrc.gov.uk">www.hmrc.gov.uk</a>) for further information.</p>

## APPENDIX VIII

### Subscriptions table

*(includes 1 per cent increase to allow for a budget allocation to be made to the strike fund)*

**(To be taken under the ARM agenda heading 'Finances of the Association')**

	2023/24	2024/25
STANDARD RATE	£499	£529
Member in 1st year after qualification	£121	£126
Member in 2nd, 3rd or 4th year after qualification <b>(See Note 1)</b>	£240	£249
Member in 5th, 6th or 7th year after qualification <b>(See Notes 1 and 2)</b>	£357	£372
Armed Forces within UK except those within 7 years of Qualification <b>(See Note 2)</b>	£433	£450
Members resident in Channel Islands or Isle of Man Except those within 7 years of qualification	£433	£450
Overseas member resident outside the UK, including:	£310	£322
<ul style="list-style-type: none"> <li>• Ships surgeons</li> <li>• Armed Forces members posted overseas for over 12 months <u>and</u> not within 4 years of qualification</li> </ul>		
Dental surgeons except those within 4 years of qualification	£310	£322
<b><u>Concessionary Rates</u></b>		
Maternity/paternity Leave <b>(See note 8)</b>	£182	£189
Spouse/partner of member <b>(See Note 6)</b>	£265	£281
Permanently and predominantly retired from all medical Practice	£186	£194
<b><u>Income earnings less than £26,000 from all medical practice</u></b>		
Doctor earning less than £26,000 <b>(See note 3 &amp; 9)</b>	£180	£187
<b><u>Income earnings between £26,001 and £41,000 from all medical practice</u></b>		
Doctor earning between £26,001 and £41,000 <b>(See note 4 &amp; 9)</b>	£210	£218
<b><u>Income earnings between £41,001 and £56,000 from all medical practice</u></b>		
Doctors earning between £41,001 and £56,000 <b>(see note 5 &amp; 9)</b>	£240	£249
Doctors on LTFT Contract earning less than £56,000 <b>(See note 8 &amp; 9)</b>	£240	£249
<b><u>Free Membership</u></b>		
Voluntary Worker <b>(See Note 7)</b>	NIL	NIL
Member for more than 50 years <b>(Life Member)</b>	NIL	NIL
IMG doctors in their first 12 months of residency in the UK	NIL	NIL
<b><u>STUDENT</u></b>		
Freshers (with direct debit mandate for 2 <sup>nd</sup> year renewal)	NIL	NIL
Freshers without direct debit mandate, non-fresher 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> Year	£39	£42
Other Student Members	£45	£42

	<p><b>NOTES:</b></p> <ol style="list-style-type: none"> <li>1. Members within 7 years of qualification can claim the appropriate rate for their role, providing they are no more than 2 years 'out of programme' and can provide suitable evidence.</li> <li>2. The Armed Forces rate is available to Military Reservists who provide proof of status</li> <li>3. Can be claimed by any member whose gross professional income is not expected to exceed £26,000. A separate claim must be made each year</li> <li>4. Can be claimed by any member whose gross professional income is between £26,001 and £41,000. A separate claim must be made each year</li> <li>5. Can be claimed by any member whose gross professional income is between £41,001 and £56,000. A separate claim must be made each year</li> <li>6. The spouse/partner concessionary rate is available to co-habiting couples with financial interdependence and a joint home: <ul style="list-style-type: none"> <li>• The reduction is granted only to one partner. If both partners qualify for a concession, this rate will be applied to the partner who otherwise would have paid the lesser rate</li> <li>• A separate copy of the BMJ/The Doctor will not be sent to the member claiming the concession unless they submit a written request</li> </ul> </li> <li>7. The voluntary worker rate cannot be claimed by a member in paid employment. Suitable evidence of employment must be provided</li> <li>8. These reduced subscriptions will be applied for a period of 12 months.</li> <li>9. Can be claimed by any Junior Doctor member on a LTFT contract</li> </ol> <p><b><u>INCOME TAX ALLOWANCE ON MEMBERSHIP SUBSCRIPTIONS</u></b></p> <p>Employed and Self-Employed members may be able to claim income tax relief on their subscriptions. Members should contact their financial adviser or HMRC (<a href="http://www.hmrc.gov.uk">www.hmrc.gov.uk</a>) for further information.</p>

## APPENDIX IX

### ANNEX Bye-Law 29

#### REPRESENTATIVE BODY

The Representative Body shall consist of the following:

- (1) The Representative Body chair, Representative Body deputy chair, the president of the Association and the respective chairmen of all standing committees for the time being in existence, all of whom shall be ex officio (non voting);
- (2) The members of council for the time being in office or elected to take office (non-voting).
- (3) Voting members of the Association elected or appointed by the electing bodies set out in Bye-laws 31 to 34 and such other electing bodies as council shall from time to time determine.
- (4) As voting members, members of the ARM agenda committee elected to serve on the committee at the previous year's Annual Representative Meeting.
- (5) All representatives shall have been elected or appointed no later than one week before the Annual Representative Meeting at which they are due to take up office.

#### **BMA Divisions:**

\*280 Representatives of divisions;

#### **Representatives of branches of practice:**

- 42 Representatives of general practitioners;
- 63 Representatives of consultants;
- 92 Representatives of junior doctors;
- 11 Representatives of doctors in the specialists, associate specialists and specialty doctors;
- 3 Representatives of doctors in public health medicine;
- 3 Representatives of doctors in academic medicine;
- 3 Representatives of doctors in the armed forces;
- 3 Representatives of doctors in occupational health;
- 3 Others in practice, but not covered by those above
- 31 Representatives of medical students;
- 17 Representatives of retired doctors;

\*Unfilled division seats were reallocated to the regional and national councils to fill.



**Other electing bodies:**

- 2 Representatives of the conference of honorary secretaries of BMA divisions and regional councils;
- 4 Representatives of the junior member's forum;
- 3 Reserved seats



[bmastrikefund.raisely.com](https://bmastrikefund.raisely.com)

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BMA 20240321