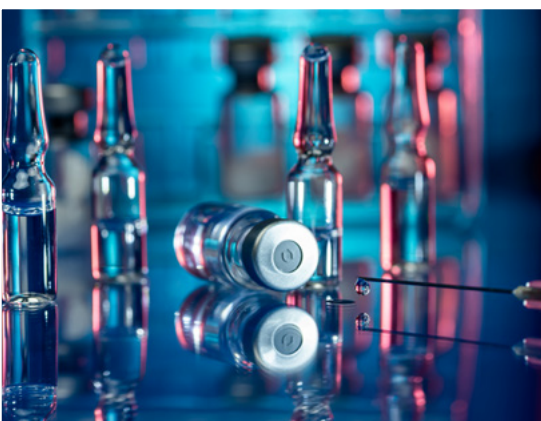
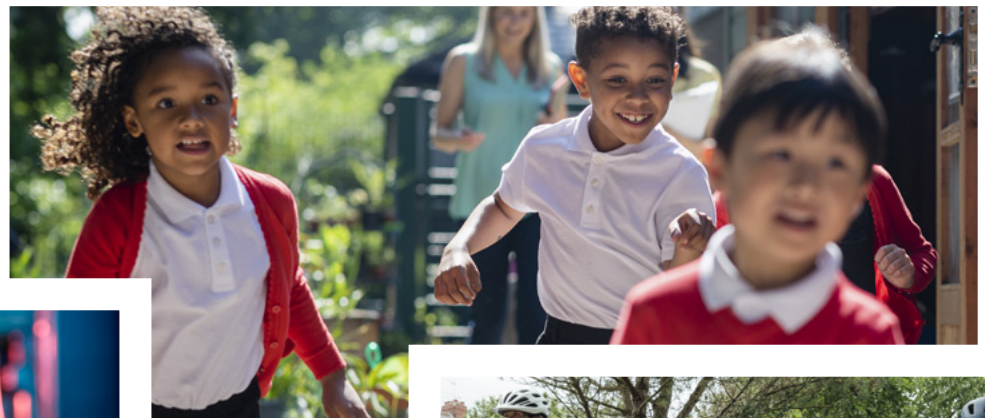


# Public Health: Past, Present and Future



## Public Health Medicine Conference 2024

BMA HOUSE AND ON-LINE  
ON MONDAY 26 FEBRUARY 2024

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**Public Health:**  
**Past,**  
**Present**  
**and Future**

# Agenda and programme

## REGISTRATION OPEN

9.30am

Tea and coffee available

This will take place in the **Snow Room**

## 10.00am

1. Introduction, house-keeping and formal business by the Chair of conference, including the elections being held during the day.

This will take place in the **Great Hall**.

## CONSTITUTION AND STANDING ORDERS

2. Receive:
  - i) The Public Health Medicine Conference Constitution and Standing Orders **Appendix 1**.
  - ii) Under Chair's discretion, motions will normally be proposed from the lectern, but other contributions to the debate may be given by representatives from the floor. Those wishing to contribute should raise their hand and, having been called by the Chair, will be provided with a microphone. Speakers should identify who they are and where they come from. Where there is no mover of a motion available, the Chair may move a motion formally, with debate continuing as normal.

As this is clearly not possible for representatives attending virtually, such attendees wishing to contribute should indicate by typing RTS in the Chat bar and adding (F) if for the motion, (A) if against and (I) if have a point of information. If your name is not clear from Teams please type that in also. Having been called by the Chair members should turn on their camera and microphone. Speakers should identify who they are and where they come from.

Motions considered by the Agenda Committee to be a restatement of existing policy are also moved formally from the Chair and voted on without debate. These are indicated by an A.

- iii) Order of business as set out in this document in accordance with standing order 4c. Under chairs discretion motions on events since the deadline for motions on 26 January received by 1.00pm on the day of conference will be considered by the Agenda Committee for debate in the Emergency Motions section at 4.45pm.
- iv) Report that in accordance with standing order 6 motions making the same or similar points on the same subject have been grouped and the motion marked by an asterisk will be debated and those bracketed with it not taken. The main motion will often be a composite of the motions received.

## COMPOSITION OF CONFERENCE

3. Receive: List of representatives to the Conference, to be available at registration on the day of the conference.

## PUBLIC HEALTH MEDICINE CONFERENCE LIST-SERVER

4. Receive: Report that all representatives who have given their consent will be added to the Public Health Medicine Conference list-server (an e-mail group for representatives). Please inform the secretariat on [info.phmc@bma.org.uk](mailto:info.phmc@bma.org.uk) if you do not wish to be added to the list-server after the conference.

## BMA CHARITIES

5. Receive: Information on BMA charities is available on the BMA website: <https://www.bma.org.uk/about-us/who-we-are/bma-charities>
- You can make a donation to the charity online through the BMA's JustGiving page: <https://www.justgiving.com/bmacharitiestrust>

## PUBLIC HEALTH MEDICINE CONFERENCE POLICY

6. Receive: Previous policy passed by the Public Health Medicine Conference can be found on the BMA Policy Database online at <https://www.bma.org.uk/about-us/how-we-work/writing-a-good-motion/policy-database> and by clicking "Public health medicine"

## ELECTIONS

7. **Chair of the Public Health Medicine Conference 2025**  
 Receive: Report that the Chair of the Public Health Medicine Conference 2025 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations for chair of conference will close at **3.00pm** on the day of the conference.
- Voting will open at **4.00pm on the day of the conference** and close at **4.00pm on 27 February**.
- The elections will be run through the BMA's online elections system through which you should nominate yourself at <https://www.bma.org.uk/collective-voice/committees/online-elections>. Please refer to your Guide for Representatives for more information.
8. **Deputy Chair of the Public Health Medicine Conference 2025**  
 Receive: Report that the Deputy Chair of the Public Health Medicine Conference 2025 will take office at the end of this Conference until the termination of the next Annual Conference. Nominations for deputy chair of conference will close at **4.00pm on 26 February**.
- Voting will open at **4.30pm on 26 February** and close at **4.30pm on 27 February**.
- The elections will be run through the BMA's online elections system through which you should nominate yourself at <https://www.bma.org.uk/collective-voice/committees/online-elections>. Please refer to your Guide for Representatives for more information.

9. **Members of the Public Health Medicine Conference Agenda Committee for 2025**  
 Receive: Report that in accordance with paragraph 2 of the Public Health Medicine Conference Standing Orders (appendix 1), it is the business of the Public Health Medicine Conference to appoint three members of the Conference Agenda Committee for the 2025 Conference. Nominations for members of the conference agenda committee will close at **4.30pm on 26 February**.
- Voting will open at **5.00pm on 26 February** and close at **5.00pm on 27 February**.
- The elections will be run through the BMA's online elections system through which you should nominate yourself at <https://www.bma.org.uk/collective-voice/committees/online-elections>. Please refer to your Guide for Representatives for more information.
10. **Public Health Representatives to the BMA Annual Representative Meeting 2025**  
 Receive: Report that the Conference 2025 will elect three representatives of Public Health Medicine to the **BMA Annual Representative Meeting 2025 which is taking place online and in Belfast on 23rd-25th June 2025**.
- Nominations for the representatives to the ARM will close at **4.30pm on 27 February**.
- Voting will open at **5.00pm on 27 February** and close at **5.00pm on 29 February**.
- The elections will be run through the BMA's online elections system through which you should nominate yourself at <https://www.bma.org.uk/collective-voice/committees/online-elections>. Please refer to your Guide for Representatives for more information.

## WELCOME 10.10am

11. Formal welcome by Professor Sir Ian Gilmore, President of the BMA (virtual).

## BUSINESS AND POLICY MOTIONS 10.20am

12. **Motion from the Conference Agenda Committee:** That this Conference approves the changes to the Standing Orders outlined in track-changes in Appendix 3 to take effect from Conference 2025.
13. **Motion from London Region Public Health:** That this Conference notes the English NHS long term workforce plan, and as the public health workforce is a vital component of a health and social care system calls on the governments of the UK to give an early commitment to the production of a public health long term workforce plan for England and the rest of the UK.
14. **Motion from East Midlands Public Health:** That this conference considers the seeming fragmentation of public health services and variability across local authorities since 2015, which has increased the vulnerability of public health programmes to budgetary idiosyncrasies and is regrettable. Needs-led provision, levelling up disparities and health equity are being diluted, and a more coherent approach needs to inform the re-orientation of local public health priorities. This proposal urges public health leaders to recommend a pan-LA evaluation of key PH indices before and after the 2015 changes, to inform an objective and much needed strategic change in direction.



15. **The lessons from Covid19 failures and how to shape public health to address climate change**

**Keynote (i) Professor Anthony Costello  
10.30am**

**Followed by questions.**

16. **Tea and Coffee Break  
11.15am**

## **PUBLIC HEALTH MEDICINE COMMITTEE**

17. **Report from the Chair of the Public Health Medicine Committee (PHMC), Dr Penelope Toff.  
11.25am**

## **PAY AND CONTRACTS 11.35am**

18. **\*Motion by the Conference Agenda Committee:** That this conference affirms its belief that Public Health is a medical specialty, with a well-established and well professionally regulated non-medical route of entry.

This conference also recognises that both this status as a medical specialty and the medical Public Health workforce itself, face significant threats because of a lack of medical terms and conditions in some employer organisations and because of pay disparities between organisations and across the four nations.

This conference further believes that this lack of medical terms and conditions and the pay disparities have resulted in attrition of Public Health doctors, particularly in local authorities in England and have also resulted in many vacant Public Health consultant posts. Therefore, this conference calls for:

- i) All doctors and dentists working in Public Health across the UK, including those working in OHID, UKHSA and local authorities in England, to be offered NHS medical and dental terms and conditions of service.
- ii) Maintenance of the clinical ringfence in all of the national organisations which employ Public Health doctors and dentists.
- iii) Full government funding of pay awards to Public Health doctors employed in the public sector, including in OHID, UKHSA, local authorities in England and universities.
- iv) The ending of pay disparities between Public Health specialists on either the GMC or UKPHR registers across all employing organisations across the UK.
- v) Mutual recognition of service as a Public Health specialist in all employer organisations.

- 18a **Motion from the PHMRS:** That this conference recognises the proper place of public health medicine as part of the NHS and the difficulties of workplace organising, including industrial action, for Public Health registrars and consultants when working across NHS and non-NHS employers. It therefore calls upon the BMA to:
- i) Continue to lobby the UK Government for the re-incorporation of Public Health specialists in England back into the NHS.
  - ii) Continue to lobby for all medical Public Health specialists to be under medical TCS and NHS employment, including lead employer arrangements.
  - iii) Lobby training programmes in England to increase the proportion of Public Health training taking place in substantive NHS organisations, such as integrated care boards and NHS trusts.
- 18b **Motion from PHMC:** That this conference reaffirms the importance of Public Health medicine specialists, with a medical background, in any Public Health system. Furthermore, it recognises the threats to this workforce across the UK. Therefore, it calls upon the BMA to lobby relevant bodies and ensure that:
- i) Doctors and dentists in Public Health are on NHS medical and dental terms and conditions of service regardless of employer.
  - ii) The ring-fence in the national organisations that protects medical and dental terms is maintained.
  - iii) Governments across the UK fully fund the pay awards to doctors employed by the public sector, both NHS and non-NHS, and fully fund the relevant employers for additional nationally agreed specialty training places in Public Health.
  - iv) Pay disparities between doctors in Public Health and those specialists from other health backgrounds should cease.
  - v) That service with any Public Health employer should be recognised by all other Public Health employers.
- 18c **Motion from the PHMC:** That this conference notes with concern that the Government has yet to guarantee Public Health employers the funds needed to implement the recent consultant pay offer.
- This conference believes that any break in pay parity between NHS and Public Health consultants would severely damage Public Health by undermining it as a medical specialty and ultimately reduce the quality of the service provided.
- Conference, therefore, calls for:
- i) The UK government to ensure that any pay offer or new contract in the NHS can be applied and funded for doctors employed in Public Health outside the NHS who are on the relevant medical and dental or equivalent terms.
  - ii) The BMA to facilitate this by having a Public Health representative involved in the negotiations.
- 18d **Motion from London Region Public Health:** That this Conference notes that the Public Health workforce suffers particular problems through much of its specialist workforce not being employed by the NHS, especially in England. Problems include:
- i) The BMA has no collective bargaining rights for doctors employed by local authorities.
  - ii) Local authorities are not obliged and in practice do not offer medical terms and conditions of service to GMC registered Consultants.
  - iii) Although all Public Health Consultants have undergone identical higher specialist training, the pay and TCS of medical and non-medical doctors vary significantly, sometimes adversely affecting doctors. This inequity distorts the labour market for Public Health consultants, with understandably most doctors choosing not to work for local authorities.
  - iv) There are significant vacancies in Public Health Consultant posts eg >50% in Northern Ireland.
  - v) The UK Governments do not routinely fund public sector non-NHS employers for national pay awards and nationally agreed increased training places.
- Therefore, this conference calls upon the BMA to work with partners and launch a joint campaign to press Governments to:
- i) end the significant pay and TCS disparities between medical and non-medical Public Health consultants across the UK and oblige all public sector employers to offer Public Health medical TCS to all doctors which are equivalent to the TCS of other medical consultants.

- ii) maintain the clinical ring-fence for public health in England and for those within it to enjoy equivalent pay and TCS to their NHS employed counterparts.
- iii) grant the BMA collective bargaining rights for all Public Health doctors employed by local authorities.
- iv) Governments should commit to fully funding pay awards to doctors employed by the public sector including local authorities, universities, OHID and UKHSA.
- v) Governments should fully fund the relevant employer for additional nationally agreed training places for Public Health doctors.
- vi) Public Health funding in England to be restored to its real-terms, per capita value in 2013.

## 11.50

- 19 **\*Motion** from the Conference Agenda Committee: That this Conference demands that all Public Health Consultant jobs in the UK be advertised with a medical and dental contract option.
- 19a **Motion** from WCPHM: This Conference demands that all Public Health Consultant jobs in the NHS:
  - are not only advertised as a non-medical role;
  - Includes a Medical consultant option and contract option.

## FACULTY OF PUBLIC HEALTH

- 20. **Report from Faculty of Public Health by Professor Kevin Fenton, President of the Faculty.**  
**12.00pm**
- 21. **Break-out Groups**  
**'What do we want from Public Health?'**  
**12.10pm**
  - Working in local Public Health (hybrid) – led by Heather Grimbaldeston
  - Working in health protection – led by Kitty Mohan and Bayad Nozad
  - Working in national Public Health bodies – led by Lola Abudu and Evdokia Dardamissis
  - Registrars (hybrid) – led by Deiniol Jones and Ciaran Kennedy
  - Portfolio careers – led by Simon Cathcart and Penelope Toff
- 22. **LUNCH**  
**1.00pm**



23. **WELCOME BACK**  
**1.45pm**

**PUBLIC HEALTH MEDICINE REGISTRARS  
SUBCOMMITTEE**

24. **Report from the Chair of the Public Health Medicine  
Registrars Subcommittee (PHMRS), Dr Deiniol Jones**  
**1.50pm**

**PUBLIC HEALTH REGISTRARS AND PUBLIC  
HEALTH TRAINING**  
**2.00pm**

25. **\*Motion from the Conference Agenda Committee:** That this Conference notes the proper place of Public Health as part of the NHS and calls on the BMA to lobby for:
- i) training programmes in England to increase the proportion of Public Health training taking place in substantive NHS organisations, such as integrated care boards and NHS trusts.
  - ii) the full funding for the relevant employers for additional nationally agreed specialty training places in Public Health across the UK.
- 25a **Motion from the PHMRS:** That this conference recognises the proper place of Public Health medicine as part of the NHS and the difficulties of workplace organising, including industrial action, for Public Health registrars and consultants when working across NHS and non-NHS employers. It therefore calls upon the BMA to:
- i) Continue to lobby the UK Government for the re-incorporation of Public Health specialists in England back into the NHS.
  - ii) Continue to lobby for all medical Public Health specialists to be under medical TCS and NHS employment, including lead employer arrangements.
  - iii) Lobby training programmes in England to increase the proportion of Public Health training taking place in substantive NHS organisations, such as integrated care boards and NHS trusts
- 25b **Motion from PHMC:** That this conference reaffirms the importance of Public Health medicine specialists, with a medical background, in any Public Health system. Furthermore, it recognises the threats to this workforce across the UK. Therefore, it calls upon the BMA to lobby relevant bodies and ensure that:
- i) Doctors and dentists in Public Health are on NHS medical and dental terms and conditions of service regardless of employer.
  - ii) The ring-fence in the national organisations that protects medical and dental terms is maintained.
  - iii) Governments across the UK fully fund the pay awards to doctors employed by the public sector, both NHS and non-NHS, and fully fund the relevant employers for additional nationally agreed specialty training places in public health.
  - iv) Pay disparities between doctors in Public Health and those specialists from other health backgrounds should cease.
  - v) That service with any Public Health employer should be recognised by all other Public Health employers.

26. **Motion from the PHMRS:** That this conference recognises member concerns over the potential undermining and erosion of the role of the specialist in Public Health medicine. It therefore calls upon the BMA to:
- i) Lobby relevant education bodies across the UK to consolidate recent expansions in Public Health specialist training and investigate medic attrition from the training programmes.
  - ii) Lobby regulators to make the DFPH and MFPH examinations a mandatory part of the portfolio route to entry to respective Public Health specialist registers.
  - iii) Clarify and promote the unique role of Public Health specialists and the unique contribution that a medical background gives in public health.
  - iv) Explore developing specific nomenclature for Public Health specialists with a medical background.

27. **Public Health and the Wider Medical Profession**

**Presentation by Professor Phil Banfield, Chair of BMA Council  
2.15pm**

**Followed by questions.**

28. **Society, Governments and Public Health**

**Keynote (ii) Sophie Howe, former Future Generations Commissioner for Wales.**

**Followed by questions.  
2.30pm**

**Debate of motions  
3.15pm**

29. **Motion from South-West Region Public Health:** Given the importance of inter-generational justice, and recognising that the nations of the UK are at different stages with regard to this legislation, this conference calls on the BMA to:
- i) review and develop further actions to actively advocate for legislation and contribute to parliamentary processes to ensure that consideration of the wellbeing of future generations is embedded within public policy frameworks.
  - ii) review and develop further actions to raise awareness and build leadership within the Public Health community around safeguarding the wellbeing of future generations across the UK.
30. **Motion by West Midlands Registrars:** That this conference notes with grave concern the current global humanitarian crises and calls for:
- i) The BMA formally to affirm the rights of doctors to speak out on public health and humanitarian crises.
  - ii) The BMA Public Health Medicine Committee (PHMC) and Subcommittee (PHMRS) to offer support to the Faculty of Public Health's (FPH) 'Disasters and Humanitarian Response' and 'Global Violence Prevention' special interest groups (SIGs), to respond to global humanitarian crises.
  - iii) The PHMC and PHMRS to support Public Health registrars and consultants' contribution to the public health response in global humanitarian crises.
  - iv) The BMA to lobby relevant education bodies across the UK and the FPH to introduce topics of indigenous health and colonialism to the specialty registrar in the Public Health curriculum.

31. **Tea and Coffee**  
**3.30pm**

32. **Workshops (Hybrid)**  
**3.35pm**

What skills do Public Health doctors need to be able to shape the future effectively:

- Advocacy on behalf of communities – Hazel Cheeseman, Deputy Chief Executive, Action on Smoking and Health (virtual)
- Lobbying and legislation – Henrietta Bowden-Jones and Ellis Friedman on gambling as an example of effective lobbying
- Futures thinking – Dr Louisa Petchey, senior policy officer at Public Health Wales and Petranka Malcheva, senior policy officer, Public Health Wales.
- Work and health – Dr Lanre Ogunyemi, President of the Society of Occupational Medicine UK
- Trades union/workplace organising – Emma Runswick, Deputy Chair, BMA Council (tbc) supported by Deiniol Jones

**Debate of motions**  
**4.30pm**

**SMOKING AND DRUGS POLICY**

33. **\*Motion by the Conference Agenda Committee:** That this conference recognises the urgent need to tackle the youth vaping crisis and to take further measures against the ongoing tobacco epidemic in the UK. It therefore welcomes forthcoming government plans to ban disposable vapes and to ban the sale of tobacco products for any person born on or after January 1, 2009. Furthermore, it calls upon the BMA to advocate for:
- i) Stricter regulation of nicotine concentration and quality in vaping products
  - ii) Higher duties on vaping products
  - iii) Advertising and sponsorship restrictions for vaping products as well as appropriate plain packaging and warning labels
  - iv) Limits on vape flavourings
  - v) An eventual transition to a prescription-type model of vaping as part of a properly funded and evidence-based tobacco cessation strategy in line with the WHO position.
- 33a **Motion from West Midlands Registrars:** That this conference recognises the urgent need to tackle the youth vaping crisis and to take further measures against the ongoing tobacco epidemic in the UK. It therefore calls upon the BMA to: - Align with the WHO position and advocate for an eventual transition to a prescription-only model of vaping as part of a properly funded, evidence-based tobacco cessation strategy. - Advocate for stricter regulation of nicotine concentration and quality in vaping products as well as higher duties, advertising/ sponsorship restrictions, and plain packaging and warning labels. - Advocate for an immediate ban on all vape flavourings and on disposable vapes. - Support the proposed UK legislation that will ban the sale of tobacco products to any person born on or after the 1st January 2009.
- 33b **Motion from London Region Public Health:** That this conference notes with concern the negative environmental impact of disposable vapes. Conference, therefore, calls on the UK Government to ban disposable vapes except in circumstances where there is a demonstrable clinical need, such as in some mental health settings.

- 33c **Motion from London Region Public Health:** That this Conference believes that
- i) the fruit flavourings available for vapes helps makes vaping attractive to children.
  - ii) there is a clear need to regulate and restrict the flavours available to help reduce the uptake of vaping by non-smokers, particularly children.
  - iii) More research is needed to understand better the role of vaping and, in particular, flavoured vapes in smoking cessation over the longer term, and that a regular review of the evidence on the role of flavours in vape use is required.
  - iv) Meanwhile, this conference calls on the Governments of the UK to:
  - v) Ban the marketing of vapes to reduce their appeal to children including via the style of packaging and flavour descriptors.
  - vi) Provide adequate investment in and focus on smoking cessation services to support more people to quit safely.

## ALCOHOL

### 4.40pm

34. **Motion from West Midlands Registrars:** That this conference recognises the harms of alcohol and the ongoing epidemic of alcohol-related disease in the UK and notes the limited progress that has been made in tackling this epidemic. It therefore calls upon the BMA to:
- i) Align with and promote the WHO statement that there is no safe level of drinking, pushing for Chief Medical Officer guidelines to align with this.
  - ii) Lobby governments across the UK to legislative for a complete ban of alcohol advertising, including low and 0% alcohol products.
  - iii) Lobby governments across the UK to introduced standardised labelling and packaging of alcoholic beverages (akin to plain cigarette packaging), with pictorial health warning labels.
  - iv) Lobby governments across the UK to introduce/maintain a Minimum Unit Price (MUP) for alcohol that is raised annually in accordance with the UK retail price index.
  - v) Lobby government across the UK to define and enforce a legal maximum number of premises licensed to sell alcohol per square kilometre (licensing density).
  - vi) Lobby government across the UK to ban the sale of alcoholic beverages in sporting grounds, in keeping with existing Scottish legislation.

## 35. Emergency motions

### 4.45pm

## 36. Summing up

- Reflections on the day – lessons learned and action points
- Endorsement of joint statement
- Report of elections

## Close of conference

### 4.55pm

## Reception

### 5.00pm

Networking reception with canapes.

## Appendix 1

# STANDING ORDERS OF THE PUBLIC HEALTH MEDICINE CONFERENCE

### 1. CONSTITUTION

The following groups of doctors shall be invited to attend the Annual Conference of Public Health Medicine as voting members:

- a) All BMA members engaged exclusively or predominantly in public health medicine; and
- b) Non-BMA members engaged exclusively or predominantly in public health medicine, on payment of a small fee to be determined annually by the conference secretariat.
- c) BDA members engaged exclusively or predominantly in public health, on payment of a fee by the BDA to be determined annually by the conference secretariat.

The following may be invited to attend as non-voting observers, who may speak on motions but not vote:

- a) BMA members engaged in other branches of practice with an interest in Public Health;
- b) Public health specialists and registrars from other professional backgrounds on payment of a small fee to be determined annually by the conference secretariat.

The total number of members shall be subject to a maximum to be determined annually by the conference secretariat.

### 2. AGENDA COMMITTEE: COMPOSITION

There shall be an Agenda Committee to make recommendations to each meeting of the Conference on the method of dealing with the Agenda. This Committee shall consist of the Chair (or Chair Designate) and Deputy Chair of the Conference, together with the Chair and Deputy Chairmen of the Public Health Committee of the BMA and 3 members of the Conference elected by the Conference from its own number. If a member of the Agenda Committee is unable, or for some reason ineligible, to carry out their duties they may appoint a deputy to act in their stead. The Committee shall have power to invite the Honorary Secretary of the constituency of the proposer to clarify motions submitted by their constituencies.

### 3. AGENDA COMMITTEE: MEETINGS

- a) The Committee shall meet prior to every meeting of the Conference, and shall present its recommendations in accordance with these Standing Orders.
- b) The Committee may meet to review the progress made at any meeting of the Conference and the business still outstanding and may advise the Chair, and recommend modification of the previously agreed order of business.

### 4. AGENDA: NOTICE OF MOTIONS

During the morning session free ranging debates shall be held on broad areas suggested by conference members. The Chair will select speakers without the need for speaking slips. At the conclusion of each debate the motions on these subjects which have been submitted in advance shall be voted upon without further discussion, on the understanding that the debate covers the motions. Members of the conference shall be invited to submit further motions and amendments on these subjects by the lunch interval for debate before the close of the conference.

- a) Any motion submitted by a member for inclusion in the Agenda must be notified to the conference secretariat by a date determined annually by the Agenda Committee.
- b) Any amendment or rider submitted by a member to any items submitted under Standing Order 4(a) or to any recommendation appearing in any supplementary report of the PHMC must be notified to the conference secretariat before the commencement of the session in which the motion is due to be moved.
- c) The Agenda Committee may include in the Agenda any motion received from the Public Health Medicine Committee, a Regional Committee for Public Health, the Public Health representatives from Scotland; the Welsh Public Health Medicine Committee, the Northern Ireland Public Health Medicine Committee, the Public Health England LNC the

PHMC Registrars Subcommittee and any motions referred to the Conference by the Joint Agenda Committee. The Committee may also 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 4(b).

- d) No seconder shall be required for any motion, amendment, or rider printed in the Agenda of the Meeting. All others must be proposed and seconded before being debated.

## 5. MOTIONS NOT PUBLISHED IN THE AGENDA

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

- a) Motions covered by Standing orders 14 (Time Limit of Speeches), 15(j) (Motions for Adjournment), or that the question now be put, or that the Conference proceed to the next business, 20 (Suspension of Standing Orders), 21 (Withdrawal of Strangers), 22 (General Order of Sessions), 24 (Varying Order of Business), 25 (Conclusion of Conference).
- b) Motions relating to votes of thanks, messages of congratulations and condolences.
- c) Motions to correct drafting errors.
- d) Composite motions replacing two or more motions already on the Agenda and agreed by the members concerned.
- e) Motions arising out of general discussion on a broad area scheduled by the Agenda Committee.

## 6. MOTIONS, AMENDMENTS OR RIDERS ON THE SAME SUBJECT

- a) "Grouped Motions". The Agenda Committee shall group items covering substantially the same ground, and shall have power to make with an asterisk an item which it recommends for debate.
- b) "Composite Motions". If the Agenda Committee considers that no motion, amendment, or rider in the group adequately fulfils the purpose, the Committee shall have power to draft and include in the Agenda a composite motion, amendment, or rider. The members concerned shall be informed of the proposal of the Agenda Committee, and may speak to the composite motion, amendment or rider, which shall be moved by one of those members or by the Chair.

## 7. AD HOC MEETINGS

The Chair (or Chair designate) of the Conference shall have the power to convene ad hoc meetings of members submitting motions, amendments, or riders on any given section of the Agenda before or during conference with a view to reaching a large measure of agreement or clarifying points of difference. Any re-worded motions arising there from shall be circulated to the Conference.

## 8. "A" AND "AR" MOTIONS

- a) The Agenda Committee may prefix with the letter "A" any motion or amendment which the Chair of the PHMC, or other appropriate Committee, has recommended to it as likely to be non-controversial and acceptable without debate. Such motions or amendments will be moved by the Chair of the Conference or by the member concerned and shall normally be passed without debate.
- b) The Agenda Committee may prefix with the letters "AR" motions relating to new matter which the Chair of the PHMC, or other appropriate Committee, is prepared to accept without debate as a reference to the Committee.
- c) If any member wishes an "A" or an "AR" motion to be debated or to propose an amendment to an "A" or an "AR" motion, they shall submit their request in writing to the Chair of the Conference before the start of the day's business. The Chair shall have discretion either to cause the motion or the amendment to be debated in the usual way, or else, at the appropriate time, s/he shall allow the member concerned to address the Conference for not longer than two minutes and shall thereafter ascertain the wishes of the Conference.
- d) If the proposal that the motion is debated is defeated, the motion shall be accepted in the normal way as an "A" motion.



## 9. MODIFICATION OR WITHDRAWAL OF MOTIONS

Whenever it appears to the Agenda Committee that a motion, amendment or rider:

- a) may contain a drafting error or ambiguity;
- b) merely repeats existing policy or relates to matters already under active consideration;
- c) could either (i) with minor modification or (ii) by being rephrased as a reference to the PHMC be recommended by the Chair of the Committee for acceptance as an "A" motion; proposer shall be so informed and given the opportunity of rephrasing, withdrawing or submitting the item to debate as originally drafted. Any such rephrased motion shall be printed on a Supplementary Agenda and shall take the place of the original motion.

## 10. BLOCK ALLOCATION OF TIME

The Agenda Committee shall have the power to recommend to the Conference a block allocation of time for portions of the Agenda based upon the business to be dealt with and when exercising such power shall propose a provisional time-table for the commencement for each section of the Agenda. The agreed starting times of each section shall then be strictly observed (save that if one section shall have finished early another section may be started ahead of schedule). Motions included in the block which cannot be debated in the time allocated to that block may, at the discretion of the Chair, be debated in any unused time allocated to another block. If the Agenda Committee exercises its power to recommend a block allocation of time, then it shall set aside contingency time during each session for urgent or unexpected business: if this time is not so needed, it may be used at the Chair's discretion.

## 11. AMENDMENTS AND RIDERS

- a) To a motion that the report be received, no amendment or rider shall be moved.
- b) To a motion that a recommendation be adopted, amendments or riders may be moved.
- c) To a motion that a report, or a specified paragraph thereof, be approved, an amendment may be moved to the effect that the Conference do disagree with, or do refer back to the PHMC, any specified portion thereof; or an amendment or rider may be moved to the effect that with reference to the report or paragraph, the Conference do express an opinion in terms stated.

## 12. PROCEDURE AS TO OTHER MOTIONS

Any motion, amendment or rider shall be introduced by its proposer, notwithstanding that that person may not otherwise be entitled to attend and speak at the Conference; provided that in such case s/he shall cease to take any further part in the proceedings at the conclusion of the debate upon the said item nor shall s/he be permitted to vote thereon. In the absence of the amendment's proposer, any other member of the Conference deputed by the authorised proposer may act on their behalf, and if no member shall have been deputed, such motion shall be made formally by the Chair.

## 13. MOTIONS NOT DEALT WITH

Should the Conference be concluded without all the Agenda having been considered, with the exception of "A" motions which must all be voted on, any motions not considered shall be deemed to have been referred to the PHMC.

## 14. TIME LIMITS OF SPEECHES

Save as stated below, the Chair of the PHMC or appropriate Subcommittee shall be allowed to speak for ten minutes in presenting a report. A proposer of a motion, amendment or rider shall be allowed to speak for three minutes and two minutes for subsequent speeches, with the exception of a Chair of Committee. In exceptional circumstances, any speaker may be granted such extension of time as the Conference itself shall determine. The Conference may at any time reduce the time to be allowed to speakers, during the remainder of that session.

## 15. RULES OF DEBATE

- a) A member of the Conference shall stand when speaking and address the Chair.
- b) The speaker shall direct their speech strictly to the motion, amendment or rider under discussion, or to a question of order. The Chair shall have the power to take such steps as s/he deems necessary to prevent tedious repetition.
- c) A member shall not address the Conference more than once on any motion, amendment, or rider, but the mover of any such item may reply and in their reply shall strictly confine themselves to answering 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 Conference.
- d) A motion, amendment or rider once moved and seconded shall not be altered or withdrawn without the consent of the Conference.
- e) An amendment shall be so defined: to leave out words; to leave out words and insert or add others (provided that a substantial part of the motion remains); to insert words; 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 completed statement; provided always that the amendment or rider be relevant to the motion on which it is moved and be not equivalent to the direct negative thereof.
- f) No amendment or rider which has not been included in the printed Agenda shall be considered by the Conference, unless a written copy of it has been handed to the Chair, with the names of the proposer and seconder before the commencement of the session in which the motion is due to be moved.
- g) 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.
- h) If an amendment or rider be rejected, other amendments or riders may be moved on the original motion subject to the provision of Standing Order 15(f). 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 amendments or rider may be moved.
- j)
  - (i) If it be proposed and seconded that the meeting do now adjourn, or that the debate be adjourned or that the Conference 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 the power to decline to put any such motion to the meeting.
  - (ii) 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.
  - (iii) In the event of a proposal to pass to the next business being defeated, the Chair shall have the power to permit the proposer of the motion or amendment under discussion to reply to the debate.
  - (iv) Once all members wishing to speak have been heard, the Chair of the PHMC and any BMA Chief Officers present shall be permitted to speak if they wish. The proposer of the motion, amendment or rider under discussion at the time shall then have the right of reply to the debate.
  - (v) A two-thirds majority of those present and voting shall be required to carry a proposal "that the meeting do proceed to the next business" or "that the question be now put".
  - (vi) A 'simple' majority shall be when the number of votes 'for' the motion is greater than the number of votes 'against' the motion
  - (vii) A 'two thirds' majority shall be two-thirds of those present and voting. It should be noted that those 'voting' includes those voting 'for', 'against' and registering an abstention.

**16. VOTING**

Voting shall normally be by show of hands. All members of the Conference shall be entitled to vote, subject always to the provision of Standing Orders 1 and 12.

**17. RESCISON OF RESOLUTIONS**

No motion to rescind any resolution of the Conference shall be in order at any subsequent Conference unless notice is received by the Secretary of the PHMC not less than two months before the date of the Conference. Except in the case of England, notice must also go to the appropriate national committee.

**18. QUORUM**

No business shall be transacted by the Conference unless there be present at least one-third of the total number of members registered to attend the Conference.

**19. QUESTION ARISING**

Any question arising in relation to the conduct of the Conference, which is not dealt with in these Standing Orders, shall be determined by the Chair.

**20. SUSPENSION OF STANDING ORDERS**

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

**21. WITHDRAWAL OF STRANGERS**

A member of the Conference may move at any time that any or all of the following persons should withdraw: (a) those not members of the Association staff, (b) those not duly appointed as Association advisers. It shall rest at the discretion of the Chair to submit or not to submit such a motion to the Conference.

**22. GENERAL ORDER OF SESSIONS**

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

**23. HOURS OF SESSIONS**

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

**24. VARYING ORDER OF BUSINESS**

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

**25. CONCLUSION OF MEETING**

A definite time for the conclusion of the Conference shall be published with the Agenda.

**26. SMOKING**

The smoking or use of tobacco, and the use of e-cigarettes, including vaping or similar, shall be prohibited at all BMA events, whatever their nature and venue.

## Appendix 2

### Terms of Reference of the Public Health Medicine Committee

#### Member ex officio

The Chairs of the Welsh and Northern Ireland committees for public health medicine (with voting rights). The public health committee of Scottish council chair (without voting rights). The annual conference of public health medicine chair (without voting rights). The chair (or his/her representative) of the local negotiating committee of public health England (without voting rights). Members of council in public health medicine and community health if not otherwise elected (without voting rights). The immediate past committee chair, if not otherwise elected or appointed, may remain a member for a period of one year (without voting rights).

#### Members elected or appointed by the representative body

3, engaged exclusively or predominantly in public health medicine.

#### Members elected or appointed by the council

N/A

#### Otherwise elected or appointed

12, engaged exclusively or predominantly in public health medicine, to be elected by public health physicians in the established and training grades (of whom 1 shall be elected from Scotland, 1 from Wales, 1 from Northern Ireland, and 1 from each of the 9 government regions in England).

Where no representative is elected who is employed either by a local authority, or by PHE, the committee may coopt an additional representative from the missing constituency (with voting rights).

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 junior doctors committee (non-voting); one by the staff, associate specialists and specialty doctor committee (non-voting); one by the medical students committee (non-voting); an academic consultant in public health medicine, to be appointed by the medical academic staff committee (non-voting).

#### Duties and powers

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

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

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

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

Any member of the public health medicine committee specialist registrars subcommittee may attend a meeting of the committee as an observer (non-voting) provided they are already taking part in other BMA business on the day of the meeting.

#### The PHMC has the following subcommittees and associated committees:

Specialist Registrars Subcommittee  
 Conference Agenda Committee  
 Public Health Medicine Consultative Committee

## Appendix 3

# AMENDMENTS TO THE STANDING ORDERS OF THE PUBLIC HEALTH MEDICINE CONFERENCE

### 1. CONSTITUTION

The following groups of doctors shall be invited to attend the Annual Conference of Public Health Medicine as voting members:

- a. All BMA members engaged exclusively or predominantly in public health medicine; and
- ~~b. Non-BMA members engaged exclusively or predominantly in public health medicine, on payment of a small fee to be determined annually by the conference secretariat.~~
- b. BDA members engaged exclusively or predominantly in public health, on payment of a fee by the BDA to be determined annually by the conference secretariat.

The following may be invited to attend as non-voting observers, who may speak on motions but not vote:

- c. ~~Non-BMA members engaged exclusively or predominantly in public health medicine, on payment of a small fee to be determined annually by the conference secretariat.~~
- d. BMA members engaged in other branches of practice with an interest in Public Health;
- e. Public health specialists and registrars from other professional backgrounds on payment of a small fee to be determined annually by the conference secretariat.

The total number of members shall be subject to a maximum to be determined annually by the conference secretariat.

### 4. AGENDA: NOTICE OF MOTIONS (4)

~~During the morning session free ranging debates shall be held on broad areas suggested by conference members. The Chair will select speakers without the need for speaking slips. At the conclusion of each debate the motions on these subjects which have been submitted in advance shall be voted upon without further discussion, on the understanding that the debate covers the motions. Members of the conference shall be invited to submit further motions and amendments on these subjects by the lunch interval for debate before the close of the conference.~~

- (a) Any motion submitted by a member for inclusion in the Agenda must be notified to the conference secretariat by a date determined annually by the Agenda Committee. **Topical motions on events that occur following the deadline for motions may be submitted to the Agenda Committee up to two working days before the Conference. Emergency motions may be submitted on events that occur following the deadline for Topical motions may be submitted by 1.00pm on the day of conference.**
- (b) Any amendment or rider submitted by a member to any items submitted under Standing Order 4(a) or to any recommendation appearing in any supplementary report of the PHMC must be notified to the conference secretariat **by noon on the last working day before conference** before the commencement of the session in which the motion is due to be moved.
- (c) The Agenda Committee may include in the Agenda any motion received from the Public Health Medicine Committee, a Regional Committee for Public Health, the Public Health representatives from Scotland; the Welsh Public Health Medicine Committee, the Northern Ireland Public Health Medicine Committee, the **NHS England, Office for Health Improvement and Disparities (DHSC) and UK Health Security Agency** ~~Public Health England LNCs~~, the PHMC Registrars Subcommittee and any motions referred to the Conference by the Joint Agenda Committee. The Committee may also 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 4(b).
- (d) No seconder shall be required for any motion, amendment, or rider printed in the Agenda of the Meeting. All others must be proposed and seconded before being debated.

## 9. MODIFICATION OR WITHDRAWAL OF MOTIONS (9)

Whenever it appears to the Agenda Committee that a motion, amendment or rider:

- (a) may contain a drafting error or ambiguity; **and/or**
- (b) merely repeats existing policy or relates to matters already under active consideration; **and**
- (c) could either (i) with minor modification or (ii) by being rephrased as a reference to the PHMC be recommended by the Chair of the Committee for acceptance as an "A" motion; **the** proposer shall be so informed and given the opportunity of rephrasing, withdrawing or submitting the item to debate as originally drafted. Any such rephrased motion shall be printed on a Supplementary Agenda and shall take the place of the original motion.

## 15. RULES OF DEBATE (15)

- (a) A member of the Conference shall stand when speaking and address the Chair. **Motions will normally be proposed from the lectern, but other contributions to the debate may be given by representatives from the floor. Those wishing to contribute should raise their hand and, having been called by the Chair, will be provided with a microphone. Speakers should identify who they are and where they come from. Where there is no mover of a motion available, the Chair may move a motion formally, with debate continuing as normal.**
- (b) **Representatives attending virtually should indicate by typing RTS in the Chat bar and adding (F) if for the motion, (A) if against and (I) if have a point of information. Having been called by the Chair members should turn on their camera and microphone and preface their remarks by identifying who they are and where they come from.**
- (c) The speaker shall direct their speech strictly to the motion, amendment or rider under discussion, or to a question of order. The Chair shall have the power to take such steps as s/he deems necessary to prevent tedious repetition.
- (d) A member shall not address the Conference more than once on any motion, amendment, or rider, but the mover of any such item may reply and in their reply shall strictly confine themselves to answering 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 Conference.
- (e) A motion, amendment or rider once moved and seconded shall not be altered or withdrawn without the consent of the Conference.
- (f) An amendment shall be so defined: to leave out words; to leave out words and insert or add others (provided that a substantial part of the motion remains); to insert words; 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 completed statement; provided always that the amendment or rider be relevant to the motion on which it is moved and be not equivalent to the direct negative thereof.
- (g) No amendment or rider which has not been included in the printed Agenda shall be considered by the Conference, unless a written copy of it has been handed to the Chair **it has been submitted** with the names of the proposer **by Noon on the last working day before Conference** and seconded before the commencement of the session in which the motion is due to be moved.
- (h) 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.
- (i) If an amendment or rider be rejected, other amendments or riders may be moved on the original motion subject to the provision of Standing Order 15(f). 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 amendments or rider may be moved.
- (j) (i) If it be proposed and seconded that the meeting do now adjourn, or that the debate (i) If it be proposed and seconded that the meeting do now adjourn, or that the debate be adjourned or that the Conference 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 the power to decline to put any such motion to the meeting.



- (ii) 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.
- (iii) In the event of a proposal to pass to the next business being defeated, the Chair shall have the power to permit the proposer of the motion or amendment under discussion to reply to the debate.
- (iv) Once all members wishing to speak have been heard, the Chair of the PHMC and any BMA Chief Officers present shall be permitted to speak if they wish. The proposer of the motion, amendment or rider under discussion at the time shall then have the right of reply to the debate.
- (v) A two-thirds majority of those present and voting shall be required to carry a proposal "that the meeting do proceed to the next business" or "that the question be now put".
- (vi) A 'simple' majority shall be when the number of votes 'for' the motion is greater than the number of votes 'against' the motion
- (vii) A 'two thirds' majority shall be two-thirds of those present and voting. It should be noted that those 'voting' includes those voting 'for', 'against' and registering an abstention.

## 16 VOTING (16)

Voting shall normally be by **electronic voting in a method chosen by the Agenda Committee in advance of the conference** ~~show of hands~~. All **representative** members of the Conference shall be entitled to vote, subject always to the provision of Standing Orders 1 and 12.

## 18. QUORUM (18)

No business shall be transacted by the Conference unless there be present **in person or on-line** at least one-third of the total number of members registered to attend the Conference **as a voting representative**.

## 19 QUESTION ARISING (19)

Any question arising in relation to the conduct of the Conference, which is not dealt with in these Standing Orders, shall be determined by the Chair **or Co-Chairs of Conference**.



**BMA**

British Medical Association, BMA House, Tavistock Square, London WC1H 9JP  
[bma.org.uk](http://bma.org.uk)

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BMA 20240097