

BMA

BMA Code of Conduct



British Medical Association
bma.org.uk

Introduction

Our Code of Conduct provides guidance on expected behaviour and sets out the standards of conduct that support our values in the work that we do.

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

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

The code ensures that there is the greatest possible parity between staff and members, with each being held to an equitable standard of conduct. Every BMA member is bound by this Code of Conduct when conducting BMA Business.

Definitions

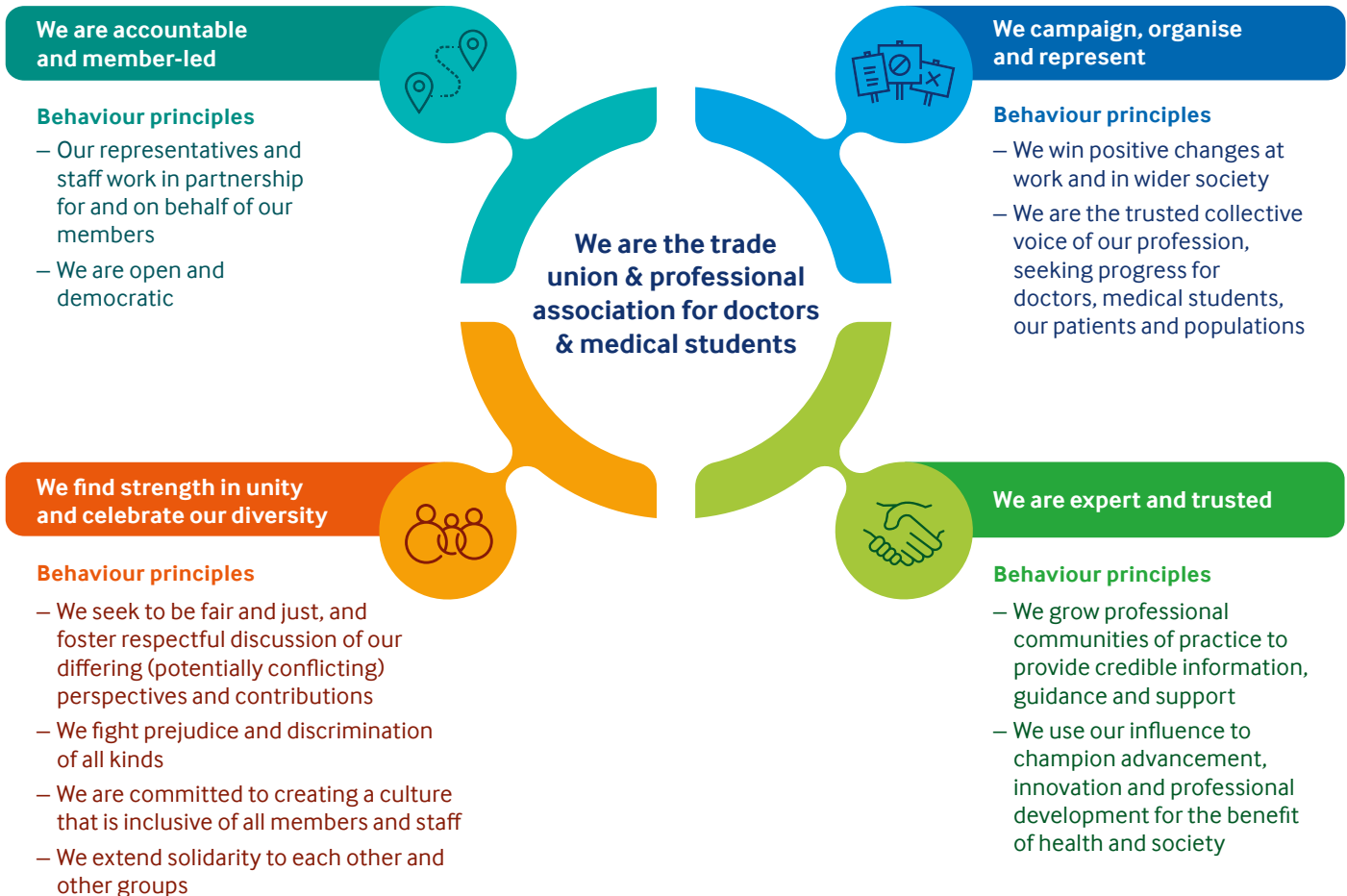
“BMA Business” includes, but is not limited to, activity upon or at BMA listservers, BMA meetings, BMA events, BMA premises, BMA accounts on social media, when representing the BMA at external events, and other activity that relates to or focuses upon the BMA.

“Member” includes all BMA members, BMA directors and representatives, observers, visitors and lay members on BMA committees/councils/boards/groups.

Our values and behaviour principles

It is our responsibility as BMA members to role and promote positive behaviours and to challenge poor behaviours, and to enact and support our values.

Our values and behaviour principles are:



No set of guidance can cover all eventualities, but to aid understanding, we have described some examples of these principles in practice which have been identified by BMA members – examples of positive and poor behaviours are in [Appendix 1](#).

Our policies and guidance

As well as defining expected principles of behaviour, BMA policies and guidance inform how we do things, outline expectations and describe processes and procedures that must be followed.

This code brings together all existing BMA policies and guidance that apply to our members.

These BMA policies and supporting guidance can be found on the [BMA website](#) or copies can be obtained by contacting the relevant committee secretary. The key principles of each are outlined below.

1. Responsibilities of the BMA towards members

- 1.1 The BMA recognises that it has a reciprocal duty of care towards members.
- 1.2 This Code of Conduct will not be applied unreasonably or disproportionately.
- 1.3 The BMA will support members and staff who challenge poor conduct and behaviours.
- 1.4 The BMA offers pastoral support for all parties to a complaint as appropriate. This support will be provided through, for example, access to the BMA peer support service for members, and the Employee Assistance Programme for staff. If pastoral support is needed, please inform Nicky Jayesinghe, BMA director of people and corporate development, on NJayesinghe@bma.org.uk.

2. Responsibilities as a member

- 2.1 **BMA memorandum and articles of the association and bye-laws of the BMA:** Members are required to familiarise themselves with the BMA's constitution as set out in the memorandum and articles of association and bye-laws of the Association. A brief guide to the BMA constitution can be found [here](#).
 - 2.1.1 Members must act within the memorandum and articles of the Association and bye-laws of the BMA and promote the success of the Association for the benefit of its members, and exercise reasonable care, skill and diligence in all their duties.
- 2.2 **Attendance:** Members should be able to allocate sufficient time to the Association to enable them to discharge their responsibilities effectively. Member role profiles provide further detail.
- 2.3 **Personal conduct:** Members are expected to maintain a high standard of personal conduct and to treat staff and other members with respect. In particular, members are required to promote and role model the behaviour principles outlined in this Code of Conduct. Doctors should display the same duty of care towards one another as they would towards patients and in the workplace.

The Equality Act 2010 protects people from discrimination, harassment and victimisation because they have any of the nine protected characteristics as defined under the Act (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

Discrimination, direct or indirect, harassment and victimisation in relation to any of the protected characteristics is against the law and will not be tolerated. Bullying includes behaviour that is intimidating, malicious, offensive or insulting. It may be an abuse or misuse of power and it may be unwarranted and unwelcome. Harassment is unwanted by the recipient and it has the purpose or the effect of violating their dignity or creating a hostile, intimidating, offensive, degrading or

1 Members are deemed to be speaking in a BMA capacity when any comments they make are done so using their BMA position, role or title. Please refer to the definition of 'BMA Business' in the introduction to this Code of Conduct for further guidance.

humiliating environment for them. Sexual harassment is separately defined in the Equality Act 2010 as unwanted conduct of a sexual nature which has the same purpose or effect.

Staff and members must be able to carry out their work free from discrimination, or being put at a disadvantage. Everyone has a right to access services, attend meetings and events, and work without fear of being abused, harassed or victimised.

Members are asked to treat everyone with civility and respect.

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

2.5 Conflicts of interest: A conflict of interest is the risk that an individual's ability to apply judgement could be influenced by a secondary interest. Members are required to complete and regularly update a form registering their interests. Members must also declare any relevant conflict of interest before a debate or a decision is made. Where a potential conflict of interest exists, this may limit their participation in debate and/or decision-making.

In May 2017 the BMA board of directors agreed that members who are members of another union are required to complete a form recording this information and giving explicit consent for this data to be processed before being admitted to the committee.

Further guidance on what might constitute a conflict of interest and the process for recording such conflicts is set out in the [BMA conflicts of interest policy](#), to which members are required to agree prior to taking up their role.

2.6 Confidentiality: Information about, or held by the BMA, that is not expressly put into the public domain by the Association, may only be given to others if they are entitled to receive it and must not be used except for the benefit of the Association. Members are required to observe the [BMA confidentiality policy](#).

Members should take all reasonable steps to seek and follow the advice of the relevant chairs of committees and councils and their relevant communications leads before accepting, in a BMA capacity,¹ meetings, interviews or requests for information from the media or members of UK parliaments or assemblies. For UK-wide issues, this will be the chair of council and director of engagement & communications.

2.7 Information technology: Members must observe agreed guidance for the use of listservers and other means of electronic communications, as set out in the [BMA email guidelines](#), and [BMA technology terms and conditions and GDPR guidelines](#).

2.8 BMA policies on social media and WhatsApp: Members must observe the [BMA social media policy](#) and [BMA WhatsApp guidance](#) when using social media and WhatsApp when acting in a BMA capacity. The BMA is not responsible for any content not owned or published by the BMA.

2.9 BMA staff: Members must respect and support staff who assist them in their work, in any interaction with staff, and should be aware of the BMA 'Dignity at Work' staff policy.

- 2.10 **BMA resources:** Members must take good care of, and return on demitting office, any BMA equipment that is made available to them. The BMA is funded in part by member subscriptions. Members should ensure that they are making best use of funds by being mindful of expenses, travel costs and staff time, as well as making a contribution to the meetings that they attend.
- 2.11 **Training and development:** In order for members to fully appreciate the extent of their responsibilities and to equip them to perform their role, all members are required to undertake appropriate training and development, as set out in their role profile. These programmes are designed to support members in their roles at the BMA.
- 2.12 **Health and safety:** Members must comply with BMA health and safety policies and procedures.
- 2.13 **Payments:** Members must comply with current policies and procedures on expenses, honoraria or other remuneration.
- 2.14 **Suspension and exclusion:** When an elected member becomes aware of allegations made against them that may result in disciplinary or regulatory action by third parties (including but not limited to, being excluded from employment or suspended from medical practice by the GMC), they must notify Nicky Jayesinghe, BMA director of people and corporate development, at NJayesinghe@bma.org.uk, who will be able to advise on the different ways the BMA may be able to support. You can also have a confidential conversation with Nicky about whether it may impact on your BMA role.
- 2.15 **Extended sick leave:** Where an elected member is on extended sick leave (lasting more than four consecutive weeks), and where this may impact on their BMA role, we can provide support and/or make any reasonable adjustments. Please contact Nicky Jayesinghe, BMA director of people and corporate development, at NJayesinghe@bma.org.uk. All contacts will be treated in the strictest of confidence.
- 2.16 **BMA trademarks:** The BMA owns a number of trademarks including branding and logos. Trademarks enhance and protect the value of our brand. Anyone wishing to use BMA trademarks is required to comply with the [BMA trademark policy](#). For advice on the use of BMA branding and logos, or when it is appropriate to use a BMA title, please contact Jason Penn, BMA brand and production manager at JPenn@bma.org.uk.

3. Shared responsibility

- 3.1 To protect the reputation and integrity of the Association, members have a responsibility to demonstrate cohesion and to contribute constructively to debate. In the interests of its members, and for the benefit of the Association more generally, the BMA's influence with external stakeholders should be maximised by ensuring, whenever possible, that it presents a clear and unequivocal position externally.
- 3.2 Shared responsibility is adopted to allow determination of issues by consensus or by majority voting. It is necessary to have such an agreement so that the Association may make coherent decisions. The ability to act effectively on the basis of such a decision requires that constituent bodies, functions and members of the BMA work in a coordinated fashion towards the agreed end, with members taking shared responsibility for the decision.
- 3.3 Within decision-making bodies of the Association, members are encouraged to debate and challenge whilst focusing on the issues at hand, rather than the person presenting them.

- 3.4 When a democratic decision has been made it is important that representatives do not undermine it.
- 3.5 This does not mean that no dissent can be expressed. The key issue is that a BMA role must not be used to further conflicting interests, members should not repeatedly or polemically attack BMA decisions or mount sustained campaigns to undermine them, or fail to carry out their duties in accordance with their mandate.
- 3.6 For the avoidance of doubt, this does not prevent members from properly revisiting a decision taken by committee, where there is a substantive reason to do so – for example should additional relevant information arise. Decisions should be revisited by raising the issue at a subsequent committee meeting.
- 3.7 If you are not sure what you can say publicly or feed back to the colleagues you represent please speak to your committee chair or committee secretary.
- 3.8 [Appendix 2](#) presents guidelines exploring how different ways of handling situations lie on one or the other side of the line of what is acceptable.

4. Relationships with third parties

- 4.1 Members may come into contact with a wide range of suppliers of goods and services including professional advisers and business consultants. Suppliers must be treated with courtesy and fairness at all times.
- 4.2 Members are required to familiarise themselves with the [BMA anti-bribery and corruption policy](#) which incorporates the requirements of the Bribery Act 2010. Members are required to disclose any acceptance of gifts or hospitality given by third parties in circumstances that could be seen as relevant to BMA business.
- 4.3 Any offers of third-party sponsorship and co-branding of activities and events must be referred to Jason Penn, BMA brand and production manager at JPenn@bma.org.uk for prior approval.

5. How to raise concerns about member behaviour

- 5.1 If you are not sure of the best approach to take regarding your concerns, please contact the BMA Code of Conduct support line to discuss your concerns and potential ways forward.² You can also contact the BMA's Speak Up Guardian to discuss your concerns.³
- 5.2 The BMA recognises the importance of challenging poor behaviours.
- 5.3 Our preferred approach is to address poor behaviour informally through support, training and feedback.

² The Code of Conduct support line is a free, independent and external service that provides support and guidance to BMA members and staff. This is the first point of contact to help them deal with their concerns and the impact of behaviours exhibited by BMA members, and to discuss possible resolutions. The support line is staffed by accredited counsellors from 9am to 8pm on Monday to Friday, and from 10am to 6pm on Saturday. The contact number for the support line is 0800 028 2092.

³ The BMA Speak Up Guardian can offer information and emotional support to BMA staff and elected members in a strictly confidential, non-judgemental manner, in an off-the-record discussion, including discussing concerns about member behaviour. They can signpost further sources of support. The Speak Up Guardian can be contacted on 033 3577 6116, Monday to Friday, from 8am to 8pm.

- 5.4 The [BMA Resolution Process](#) details how concerns about member behaviour are responded to and how formal complaints regarding serious concerns can be referred for external, independent investigation.
- 5.5 Complaints against members must not be raised in an open forum, such as via social media, via listserver communications, or in a meeting.
- 5.6 Concerns may be raised by the individual affected by the complaint or by staff or members who have witnessed poor behaviour.
- 5.7 The Resolution Process also provides guidance on tackling poor behaviours informally as well as information about the support that is available to members who are the subject of, or are impacted by, complaints.

6. How to raise a complaint about a member of staff

- 6.1 Concerns about staff must be raised directly with the relevant staff director or in writing to the BMA co-chief executives. Concerns must not be raised in an open forum.

Appendix 1

Examples of positive and poor behaviours

Value	Behaviour principles	We succeed in demonstrating this behaviour principle by...	We fail to demonstrate this behaviour principle by...
We Campaign, Organise and Represent 	We win positive changes at work and in wider society	<ul style="list-style-type: none"> Recruiting and supporting workplace representatives Identifying and developing leadership at all levels of the BMA Discussing strategy to win Encouraging and supporting activism Contributing to collective efforts to organise doctors and medical students Advocating and building consensus for the BMA's mission and vision Seeking members' views on the issues that affect them and representing these in meetings, debates and decision-making Consulting the members you represent before agreements are made with management, government or other opposition Seeking out and celebrating successes Keeping up to date with and promoting the BMA's work, remit and priorities Influencing the political, medical and healthcare landscape to enable the BMA's aims 	<ul style="list-style-type: none"> Being unaware of the landscape in which we operate Being passive, avoiding challenge and activism Allowing personal, factional, Branch of Practice or other group decisions and actions to undermine the wider aims of doctors, medical students and the BMA Representing personal views rather than the views of members and peers Failing to consult members on issues that matter to them
	We are the trusted collective voice of our profession, seeking progress for doctors, medical students, our patients and populations	<ul style="list-style-type: none"> Being cognisant of the BMA's finite staffing and financial resources Clearly explaining and justifying decisions and actions to members and other stakeholders Actively recruiting members from across all viewpoints, backgrounds and specialities in the medical profession Identifying opportunities to recruit under-represented groups of doctors and medical students Looking for opportunities to widen member participation and involvement 	<ul style="list-style-type: none"> Undermining the efforts of the organisation through behaviours towards members and colleagues Only supporting issues that affect one's own immediate professional circumstances and settings Disregarding the views of workplace representatives and grassroots members Being complacent about membership levels Holding onto power inappropriately, denying opportunities for succession planning and development Failing to uphold collective responsibility
We are accountable and member-led 	Our representatives and staff work in partnership for and on behalf of our members	<ul style="list-style-type: none"> Working to hold peers to account for the quality of their work and behaviours Respecting the expertise and input of all BMA representatives and staff Collaborating on issues and opportunities that affect others Working together in support of members' interests and delivering value for money Taking personal accountability for decisions and actions Respecting boundaries and the work-life balance of staff and representatives Alerting others to your own capacity levels, not taking on more than is possible to do 	<ul style="list-style-type: none"> Not considering the bigger picture and the impact of work upon other areas of the organisation Failing to follow through on promises and commitments Criticising people rather than ideas Assuming we know best and making decisions without consulting those impacted Working in silos Blaming others for mistakes Ignoring or being disinterested in the views of others Using collaboration as a way to avoid action/accountability
	We are open and democratic	<ul style="list-style-type: none"> Respectfully and politely disagreeing when differences of opinion emerge Using democratic methods to make decisions or move forward when differences cannot be resolved Learning lessons when things go wrong Following the BMA's articles of association and bye-laws Respecting the outcomes of fairly contested elections and following the BMA's canvassing guidelines Respecting the outcomes of democratic decision making Demonstrating collective responsibility <ul style="list-style-type: none"> debating in private, but supporting democratic decisions in public Sharing information with constituents when appropriate, and maintaining confidentiality when necessary 	<ul style="list-style-type: none"> Being resistant to constructive criticism and feedback from peers Delivering feedback in a harsh and unnecessarily critical manner Disregarding the BMA's articles of associations and bye-laws Undermining democratic decisions in public Leaking confidential information Being unclear in what capacity you are speaking when addressing the media
We are expert and trusted 	We grow professional communities of practice to provide credible information, guidance and support	<ul style="list-style-type: none"> Behaving professionally Staying within professional boundaries and responsibility Providing career-long expert guidance and support to doctors and medical students Seeking opportunities to mentor others Bringing together individuals and groups with common interests to share best practice and advance the profession Demonstrating objectivity and critical thinking Preparing for and actively contributing to meetings and activities Committing to personal and professional development 	<ul style="list-style-type: none"> Failing to acknowledge or respect others' expertise Creating a 'blame culture' when mistakes have been made Failing to complete compliance training Giving unclear, ambiguous or inaccurate information Demonstrating subjectivity and failing to think critically Consistently failing to attend meetings Being unprepared for meetings failing to contribute views and expertise Focusing contributions on single issues and failing to contribute across the agenda Resisting constructive criticism and feedback Allowing knowledge and skills to become outdated
	We use our influence to champion advancement, innovation and professional development for the benefit of health and society	<ul style="list-style-type: none"> Encouraging leadership to be demonstrated at all levels Sharing knowledge both within teams and across the organisation, and with members when needed Seeking out and participating in opportunities to advance the profession, health and society Embracing continuous improvement and innovation Using the media and social media responsibly and within the BMA's guidelines to advance its mission and goals 	<ul style="list-style-type: none"> Withholding information and expertise Undermining good governance, such as disregarding processes for fair procurement, health and safety, and technology usage Using the BMA's influence or position for personal gain Failing to disclose or manage conflicts of interest Being resistant to change
We find strength in unity and celebrate our diversity 	We seek to be fair and just, and foster respectful discussion of our differing (potentially conflicting) perspectives and contributions	<ul style="list-style-type: none"> Creating a positive feedback culture for continuous improvement Assuming positive intent Proactively seeking opportunities and developments which could positively benefit the organisation Treating others with tolerance, dignity and respect Recognising that everyone has the right to contribute and should be encouraged to do so Being curious about and open to others' ideas and opinions Inviting contributions from those with lived experiences that may be unfamiliar to our own Allowing others to question assumptions and thoughts Being prepared to change your mind Focusing debate on the issue, not the person Flagging controversial issues in advance to allow for extra time or debate Challenging constructively, considering the time, place and impact on others Contributing with clarity and brevity 	<ul style="list-style-type: none"> Shutting down or talking over the opinions of other when you don't agree with them Assuming others are being disingenuous, or that their motives are negative or sinister Raising controversial issues without warning Not listening to one another Refusing to consider alternative points of view Shutting down conflicting opinions or talking over others Attacking people rather than the issue at hand Being defensive or aggressive when questioned Demanding that feedback is given in ways or places that can be ignored Engaging in controversial topics without alternative suggestions
	We fight prejudice and discrimination of all kinds	<ul style="list-style-type: none"> Speaking to others with respect and treating them with the dignity they deserve Being an active bystander and calling out poor behaviours Actively seeking opportunities to be an ally to those from under-represented or minority groups Remaining fair and objective Challenging unfair prejudice 	<ul style="list-style-type: none"> Using discriminatory and non-inclusive language and not it is used by others Being closed-minded about others' differences and lived experiences Disregarding the needs and disadvantages of under-represented and minoritised groups Allowing personal prejudices and preferences to influence decisions and actions Demonstrating prejudice or unfairness and allowing it to go unchallenged
	We are committed to creating a culture that is inclusive of all members and staff	<ul style="list-style-type: none"> Taking a positive approach to helping people understand when and why mistakes have been made Recognising the value of diverse experiences Being welcoming and making everyone feel included Contributing to a culture of psychological safety and trust for BMA staff and members Mentoring and supporting new representatives and staff Helping newcomers to understand the way in which the BMA works Being self-aware and considering the impact of behaviours upon others Recognising the positive contributions of others Challenging disrespectful behaviours 	<ul style="list-style-type: none"> Maintaining siloed and insular thinking Undermining peers when mistakes have been made Showing favouritism to those from similar backgrounds and experiences to ourselves Preventing and discouraging newer or quieter people from being involved in meetings and projects Operating in an echo chamber <ul style="list-style-type: none"> only listening to those with similar views Alienating or undermining others, or belittling the contributions of others Being aggressive and impatient Making others feel unwilling to contribute comments and ideas Failing to disclose motives Failing to support less experienced representatives and staff Demonstrating a lack of self-awareness Raising vexatious complaints
	We extend solidarity to each other and other groups	<ul style="list-style-type: none"> Welcoming people's opinions and differences Bringing together people and networks in support of the BMA's aims Building our political influence, building relationships with other unions, building relevant campaigning and community groups 	<ul style="list-style-type: none"> Overlooking or de-prioritising the wellbeing of members, peers and BMA staff Forming cliques and rivalries Limiting mutual gain

Appendix 2

Guidelines on shared responsibility

What if I have responsibilities to other organisations or roles?

This is an appropriate thing to do as long as you have declared the interest, but it is not appropriate to use your BMA role to further the conflicting interests of other organisations or roles.

You will have avoided taking on responsibilities that have ongoing major conflicts of interest. Where minor or temporary conflicts arise always understand in what capacity you are acting and make that clear. Individuals who are members of organisations that are in conflict usually try to resolve the conflict. This can be helpful but it should be overt and explicit.

Can I exercise my rights as a citizen?

Yes. You should not use the BMA platform and resources to further your personal ideas without having obtained democratic support.

Make sure your personal views are not perceived as BMA views. How much care you need to take on this may be affected by the issue and your personal role. The more prominent you are in the organisation and the more prominent the issue the more care you will need to take. Sometimes it will suffice to make sure the BMA is not mentioned, sometimes a formal disclaimer may be needed, and sometimes further steps discussed in advance with the BMA will be needed. Within their areas of responsibility, elected members in representative capacities (committee officers) should not normally express a personal opinion outside BMA processes.

Can I express dissent?

Yes. But do so respectfully, and if in public make it clear that your views are your personal views rather than the views of the BMA.

You should carry out your duties, including implementing decisions, when it is your duty to do so. Sometimes, for example if you are a chief officer or a negotiator, this may very severely curtail your freedom to express dissent without resigning. Sometimes, for example if the issue is an isolated one and an issue of conscience or conflict of interest is involved it may be possible to step aside and let somebody else carry out the specific task.

Can I try to change a decision I think is wrong?

Yes, but remember that internally expressed views may be externally reported so think about the guidelines about expressing dissent even if you are just taking something to a further stage in our democratic processes. It is not right to obstruct decisions or waste time by repeatedly raising the same issue unnecessarily. Instead, be proportionate.

Fundamentally, do not let honest disagreement hinder working relationships. Respect those who disagree with you.

For further guidance please contact Nicky Jayesinghe, BMA director of people and corporate development at NJayesinghe@bma.org.uk.