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 President

At the Annual Meeting of the British Medical Association, 2015

I was privileged to represent the MMA at the Annual Representative Meeting (ARM) of the British Medical Association (BMA) from 21 to 25 June 2015 in Liverpool. This was my first trip to Liverpool, and I was pleased to find it a fairly compact and pedestrian-friendly place. The hotel where I stayed was about a 20-minute walk from the BT Convention Centre at the Albert Dock, where the meeting was held, and much of the area was pedestrianised, so traffic was the least of my worries.

The easiest way from Malaysia to Liverpool is via Manchester. From Manchester Airport, it is a 45-minute cab ride to the centre of Liverpool. When I arrived, it was to a dismal drizzle and temperatures in the low teens – hardly summer, to my mind. However, the weather improved over the next few days and became warmer, if still not exactly torrid.

The BT Convention Centre is relatively new and stands by the riverside. It has the advantage of having a fairly large number of variously sized rooms so many sessions can run concurrently. The first day (21st June) I went there to pick up my name tag and conference materials, and then attended the welcome dinner. The next day, in the morning, was the start of the ARM proper.

There are several differences between our own AGM and the BMA ARM. The first is that the ARM is a meeting of the 560 or so members of the Representative Body (RB). These members are elected to represent various groups, such as junior doctors and specialists, and geographical regions. The current chair of the RB is Dr Ian Wilson, and it was he who more or less ran the show at

the meeting. The whole process ran very swiftly and smoothly – motions to be discussed had to be submitted earlier, as at our AGM, but the speakers for and against also had to submit their names ahead of time. If your name is not on the list, you could not speak. Having said that, at the very beginning of the meeting, I became aware of a young doctor at the microphone at the front of the hall. However, because the mic was off, nothing of what she said could initially be heard. Shortly thereafter, the mic was turned on, and we became aware that she was deeply upset that what she considered the “gutting” of



With Dr Mark Porter BMA Chair of Council

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the NHS by the Government was not being discussed. However, because the motion had not been submitted earlier and her name was not on any list of speakers, Dr Wilson tried to get her to stop so scheduled business could go on. She did not stop, though, and he had to ask the RB delegates whether to proceed or allow her to continue. The consensus was to proceed with business, and the young lady was gently escorted from the stage.

Aside from this slight hiccup, things proceeded smoothly. There was an electronic voting system, but most votes were made by holding up fluorescent pink cards, and usually the majority was

overwhelmingly clear and no formal count was taken, even on constitutional amendments. It was only where the difference was not obvious that the electronic voting system was used. This enabled matters to move along quite swiftly, since vote counting manually was not needed, as it is at our AGM. We really must look into getting an electronic voting system as soon as possible.

The BMA was described to me by a member at the welcome dinner as a successful publishing house with a small trade union attached. Though spoken partly in jest, there is more than a little truth in this statement. Firstly, the large amounts of money the BMJ makes for the BMA enables it to run its activities with few financial worries. All the delegates had their travel and accommodation paid for. Secondly, the major function of the BMA, aside from making or responding to healthcare proposals, is to negotiate the terms of service and pay of doctors.

Given this, it is clear that many of the issues which the BMA deals with would be more the realm of SCHOMOS here, as most doctors in the UK work in the NHS. However, as the possibility of a restructuring of the Malaysian healthcare system moves ever closer, we should try to learn from those who have walked this path before and try to avoid repeating their mistakes. The main grouse I heard at the ARM is that general practitioners are quitting in droves because of the pressure they are under. If we in Malaysia go towards a single-payer healthcare system, we must ensure the



With new BMA President Sir Al Aynsley-Green and his wife. He is holding MMA's gift to BMA

primacy of well-trained general practitioners – they will be the backbone of the system. Another thing we must avoid is lumping traditional and complementary medicine under the same financing system. The NHS provides homeopathic services, and one of the debates was on getting rid of such non-evidence based systems. They consume money and resources the NHS has not enough of. Finally, in looking to the future, we must remember that our burden of non-communicable diseases is rising steeply. Without adequate emphasis on health promotion and disease prevention our healthcare budget will be overwhelmed within a decade or two.

The BMA places something of a premium on tradition and ritual. The installation of the new President, on the 23rd of June, was held at the beautiful St George's Hall and was marked by ceremony and tradition. The ceremony was followed by dinner. The new President, Sir Al Aynsley-Green, is the first Commissioner for Children appointed by the UK Parliament, and he is obviously passionate about his work. He told me later that he is no stranger to Malaysia, as he had worked here as a lecturer many years ago. Incidentally, the position of President is an appointed one, not elected as ours is.

The BMA were gracious hosts, and I hope that we will be able to reciprocate their hospitality in the near future. We can learn a lot from each other, both what to do and, perhaps more importantly, what to avoid.