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<th>ARM agenda No.</th>
<th>Resolutions</th>
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<td><strong>SAFE DOCTORS, SAFER PATIENTS</strong></td>
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| 10 | That this meeting believes that the NHS should be fully resourced to meet the increasing demands facing it and:-  
  i) that privacy and patient safety is now being compromised to unacceptable levels;  
  ii) finds it abhorrent that patients are being assessed and treated in hospital corridors due to lack of acute beds;  
  iii) that the system is not providing doctors with the resources to fulfil their professional duty of care;  
  iv) is concerned about the difficulties and pressures doctors face daily;  
  v) that the NHS is no longer a safe place for patients or staff;  
  vi) calls upon the BMA to promote wider public awareness about the impact of unsafe working conditions;  
  vii) demands that the government adequately fund health and social care delivery that will prevent the destruction of our NHS. |
| 11 | That this meeting recognises that there is a chronic understaffing problem in the NHS and:-  
  i) demands the detailed scoping of staffing levels of doctors is carried out individually across all the disciplines of healthcare in the UK to highlight the shortage;  
  ii) proposes the introduction of enforced and published safe staffing levels applicable to doctors in primary and secondary care;  
  iii) demands a universal, robust system by which doctors can immediately alert senior management to unsafe staffing and working conditions prior to, at the commencement of, or during any given shift;  
  iv) doctors should be allowed to refuse to cover the service when they feel it is unsafe.  
  *(AS A REFERENCE)* |
| 12 | That this meeting is seriously concerned at the number of doctors suffering from burnout and stress related to an unsafe workload burden and:-  
  i) believes that tired and overworked doctors have an adverse effect on patient safety;  
  ii) calls for a shift by the NHS to a culture that looks after the physical and mental health of its workforce, with occupational health services fully funded by Departments of Health;  
  iii) insists that the Departments of Health indemnify all doctors for the associated reduction in patient safety;  
  iv) deeply regrets the recent increase in lives lost to suicide from our profession and calls on the BMA to work with training and employing bodies to improve support for doctors working in a system under pressure. |
| 13 | That this meeting believes that most errors in medical practice ultimately are due to failures in the complex systems of healthcare itself and therefore calls for:-  
  i) government to stop blaming doctors for error resulting from system failures;  
  ii) government to support the no blame culture required to ensure that all errors are raised to allow systems to be changed to improve safety for patients;  
  iii) establishment of anonymous reporting systems for concerns about patient safety;  
  *(AS A REFERENCE)* |
iv) appointment of ‘Freedom to Speak Up Guardians’ as recommended in the Francis Report.

**NATIONAL HEALTH SERVICE**

**14** That this meeting:-
   i) is opposed to the introduction and imposition of insurance-based healthcare systems in the UK;
   ii) commends the BMA’s position of opposing accountable care organisations and integrated care systems operating within the current competitive framework in England;
   iii) calls for a collaborative universal healthcare system free from market forces and competition;
   iv) is concerned that healthcare systems are being created in the UK using non-statutory vehicles without appropriate parliamentary and public scrutiny;
   v) insists that there is full consultation with the medical profession, the public and parliamentary representatives on any new healthcare systems for the UK;
   vi) demands that any new UK healthcare systems in any nation of the UK are created only through primary legislation in parliament or national assembly.

**15** That this meeting is concerned that Accountable Care Organisations will make it easier for large private companies to take over and profit from huge areas of English healthcare and demands:-
   i) full consultation from the very onset with healthcare professionals and patients;
   ii) that all proposals must be evidence based and properly funded;
   iii) that any change must be clinically led with patient care and not financial savings being the prime driver;
   iv) assurances from the Department of Health and Social Care and NHS England that all doctors working within ACOs will be employed on national terms and conditions.

**16** That this meeting:-
   i) is critical of the lamentable performance of Capita plc, now being investigated by the Public Accounts Committee in parliament;
   ii) notes that this outsourcing company, holding £1 billion of NHS contracts, which includes Primary Care Support Services, issued a profit warning on 31 January 2018, raising the possibility of another Carillion crash;
   iii) urges the BMA to lobby the government to avoid such massive private NHS outsourcing, which not only risks jeopardising multiple NHS services, but when foundering can cause massive disruption of jobs and services, and lead to an inevitable bail-out from public funds.

This meeting calls on the BMA to press for the taking back of outsourced NHS workers into direct NHS Employment.

**17** That this meeting notes the introduction of requirements for patients to prove their eligibility for NHS treatment. This meeting:-
   i) believes that NHS Trusts may be inappropriately denying NHS treatment on these grounds;
   ii) strongly condemns the denial of treatment of patients with longstanding legal residency due to a lack of documentation;
   iii) believes this causes distress and potential harm to patients;
   iv) calls on the BMA to lobby for NHS care to be provided to all long-term residents;
   v) calls for requirements to be simplified and brought in line with actual eligibility criteria.
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| 18 | That this meeting:—
   i) recognises autism as an important health concern in children and adults, affecting more than 1% of the UK population;
   ii) is disappointed by the disparity in waiting times for referral, assessment and diagnosis of autism;
   iii) supports our government’s commitment to collect and publish autism diagnosis waiting times;
   iv) calls upon NICE for clear guidance on the acceptable waiting times from referral to diagnosis when suspecting autism;
   v) calls upon our government for more funding to ensure national standards on autism care are met.
| 19 | That this meeting, in light of increased rationing by CCGs which denies or defers certain treatments and interventions requests BMA council to lobby NHS England and other Health Departments to establish both uniform criteria and a uniform process across the country for approving elective surgical procedures so as to abolish the present post code lottery.
| 20 | That this meeting would like private providers to sign up to the recommendations of privatisation and independent sector provision in the NHS outlined in the BMA report in 2018.
| 21 | That this meeting is opposed to a UK-US trade deal facilitating US corporations getting NHS public sector contracts in England.
| 22 | That this meeting supports the national day of protest and celebration on 30th June 2018 in commemoration of the 70th Birthday of the NHS organised by Health Campaigns Together, the TUC, the heath unions and the People’s Assembly.
| 24 | That this meeting calls on all governments of the UK to ensure there are adequate chronic pain services to support primary care management of patients with chronic long term conditions, to provide support to decreasing opioid consumption in this cohort and to teach patients strategies to decrease their pain experience.
| 25 | That this meeting believes that the recurrent and increasing winter crisis in the NHS is totally unacceptable and urgent steps must be taken to provide adequate and safe patient care.
| 26 | That this meeting calls for repealing the competition regulations in the Health and Social Care Act which is wasting significant sums of monies in procurement processes, fragmenting care and destabilising NHS providers through accelerating private sector provision.
| 27 | That this meeting:—
   i) believes that the Prevent programme leads to racial profiling;
   ii) calls on the BMA to support all members who refuse to take part in the Prevent programme.
| 29 | That this meeting asks the Association to collect the evidence of high workload pressures leading to early burnout in doctors in all branches of medicine and request NHS England to reinvest in a fully functional Occupational Health Service for all doctors.
| 30 | That this meeting believes the current system of funding for equipment and support for doctors with disabilities and health needs is confusing, inefficient and unfair to the doctors affected. This meeting therefore:-  
   i) calls on the BMA to lobby relevant stakeholders to implement a fair and efficient system to provide funds for equipment and support for doctors with disabilities and health conditions;  
   ii) believes that health education bodies should urgently tackle this issue by mandating training providers have a rapidly accessible fund from which Access to Work Equipment can be paid;  
   iii) believes that equipment provided should be held by a doctor for the duration of their training irrespective of their employer;  
   iv) believes that specialised or personalised equipment such as a wheelchair or adapted hearing aid should be transferred with the doctor even if they move to another region or nation of the UK;  
   v) believes that funding should cover the costs of all equipment required by Access to Work. |
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<td>That this meeting is appalled and highlights the moral blackmail of doctors by local authorities such as Northamptonshire County Council in their refusal to pay doctors under the collaborative fee arrangements for their work undertaken at the request of county council employees or their agents. It instructs the BMA council to mount a campaign clarifying that collaborative fee payments are not optional and to consider and take all appropriate legal steps necessary to secure the large sums of money outstanding to doctors.</td>
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| 34 | That this meeting welcomes the recent increase in funding for perinatal mental health, however remains concerned about the current level of services and calls for:-  
   i) no mother and baby to be separated for lack of beds in their area;  
   ii) a medical professional to be involved in planning appropriate care for the mother, where a baby is removed by social services;  
   iii) the BMA to work with stakeholders to develop guidelines on best practice in supporting mothers’ who have their babies removed;  
   iv) local authorities to ensure that there are appropriate support services available for mothers who have their babies removed. |
| 35 | That this meeting calls on the Department of Health to ensure that the impending review of the Mental Health Act for England and Wales is underpinned by the following principles:-  
   i) parity for mental and physical health;  
   ii) the Responsible Clinician for any detained patient must be suitably experienced in treatment of both mental and physical disease;  
   iii) the Act must seek to remove discriminatory elements for detained black and minority ethnic patients;  
   iv) conditions for applying Community Treatment Orders must be strengthened to prevent overuse;  
   v) appeals and Tribunals must be robust, protect patient’s rights, and be appropriately funded with adequate time and resources for clinician involvement. |
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<th>That this meeting calls upon the government to urgently address mental health care for adolescents (CAMHS) and 16 to 18-year-olds and establish clearer national standards of care for commissioners. These standards should include effective care after the age of 18 years.</th>
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<td><strong>NHS FINANCES</strong></td>
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| 37 | That this meeting calls on the UK governments to:-  
  i) confirm the NHS is based on the original principles of Bevan;  
  ii) ensure the NHS meets the needs of its patients;  
  iii) ensure the workforce and funding of services are commensurate with the demands made on them;  
  iv) remove the strategy and administration of the NHS from direct political control. |
| 38 | That this meeting believes that in order to provide the necessary funding for the NHS:-  
  i) taxation should be increased. |
| 40 | This meeting:-  
  i) opposes the proposition of the Naylor report that NHS land and property be sold off to the private sector;  
  ii) calls upon regional councils to oppose local instances where this is proposed and to work with local campaigns. |
| 41 | That this meeting is concerned about the wide disparity in access to care experienced by UK patients. This meeting:-  
  i) calls for a review of the impact of centres of excellence and super-specialisation on patients living in the more remote parts of the United Kingdom;  
  ii) insists that NHS funding allocation formulae recognise rurality as well as inner city deprivation. |
| **WORKFORCE** | |
| 42 | That this meeting:-  
  i) calls upon the government to urgently address the low morale and burnout in all parts of the NHS;  
  ii) asks the BMA through the Departments of Health and National Health Services to seek to better retain doctors. |
| 43 | That this meeting notes that the NHS has a drastic shortage of doctors and:-  
  i) insists that the government address the central issue of workforce planning instead of attempting to populate the workplace with alternatives to trained doctors;  
  ii) believes this drastic shortage is dangerous to patients, as non-doctors are put in the position of taking decisions they are not qualified to make;  
  iii) instructs the BMA to seek comprehensive data annually on workforce planning for junior doctors and Extended Role Practitioners in the UK;  
  iv) calls on the BMA to urgently insist that government end the scandal of rota gaps and shortages of doctors by employing more doctors in the NHS. |
| 44 | That this meeting, with respect to the development of medical associate professionals, asks the government to:-  
  i) ensure appropriate regulation of the role;  
  ii) ensure there are clear lines of accountability;  
  iii) ensure that there is clarity between the role and that of nurses;  
  iv) address any unfair disparity of salary scales between the role and medical trainee posts. |
| 45 | That this meeting condemns the poor career structure for part time doctors in all branches of the profession, and calls on the government, in the interests of maintaining a comprehensive workforce, to find an urgent remedy for this problem. |
| 46 | That this meeting:-  
  i) is appalled by the continuing high levels of bullying and harassment suffered by the workforce of the NHS;  
  ii) demands that all stakeholders should be lobbied to produce specific, practicable and innovative action to wipe out this huge problem which is destroying the health and morale of so many workers and thereby adversely impacting on the safety and quality of services offered to patients. |
| **PUBLIC HEALTH MEDICINE** | |
| 49 | That this meeting:-  
  i) condemns the disparity in salaries of public health consultants/specialists depending on whether they are working in local governments, NHS or Public Health England;  
  ii) believes the disparity contributes to difficulty in recruiting to and/or maintaining a skilled specialist workforce, especially in local authorities and discriminates between medically qualified Consultants in Public Health Medicine and their colleagues in other clinical specialities. |
| 50 | That this meeting recognises that:-  
  i) Public Health Medicine is a specialty that benefits from the experience of senior members of the clinical and academic community;  
  ii) Public Health can be a career choice for those that want to retrain to enact systemic change on the basis of the insight gained working in another specialty;  
  iii) the loss of pay protection with the new junior doctors’ contract represents an existential threat to Public Health as it will penalise more experienced medical candidates and dissuade them from retraining;  
  iv) pay protection should be reinstated for Public Health Medicine;  
  v) mechanisms should be found to financially reward previous valuable experience.  
  **(AS A REFERENCE)** |
| 51 | That this meeting believes the HPV vaccination should be offered to all school age children of both sexes and should be administered at Primary school to be more effective. |
| 52 | That this meeting believes that Local Authorities must only use Public Health funding budgets for Public Health purposes, and independent scrutiny needs to be put in place to ensure this is adhered to. |
| 53 | That this meeting:-  
  i) condemns councils in England that have utilised money ring-fenced for smoking cessation to attempt to decrease their deficit;  
  ii) calls on councils to ensure public health money is spent on improving public health. |
| **BMA STRUCTURE AND FUNCTION** | |
| 55 | This meeting asks the BMA in future elections to produce more social media posts and emails about the elections, in addition to videos, graphics and posters explaining:-  
  i) what the voting categories are;  
  ii) how to vote; |
iii) how the Single Transferable Vote system works;
iv) the last postal date to ensure receipt at ERS by the deadline;
v) when ballot papers should have been received;
vii) who to contact if ballot papers have not been received.

56 That this meeting believes that regional matters are part of the legitimate remit of central communications support services and believes:-
i) Regional Councils must be kept informed of any changes in central communications;
ii) there must be a dedicated person or team responsible for proactive regional communications;
iii) professional media engagement at a regional level would enable the BMA to promote campaigns more effectively across the country
iv) regular regional media liaison and strategic communications should be undertaken.

57 That this meeting requires the BMA to invest in training its activists:-
i) to provide e-learning and interactive sessions on current BMA policy, structure and function;
ii) to centrally coordinate the existing network of activists to do media work for the organisation in a precise, targeted way informed by current policy positions.

58 That this meeting recognises the value of sharing positive stories and messages in healthcare and therefore calls on the BMA:-
i) to engage in a national listening exercise to collect and disseminate best practice in improving workforce morale;
ii) to launch a public facing campaign encouraging patients, healthcare staff, students and other doctors to nominate doctors and medical students for national awards for exemplary compassion in the workplace (AS A REFERENCE)
iii) to work closely with the BMJ, Student BMJ and BMA News to develop a ‘Good news’ media campaign celebrating outstanding examples of compassion in the workplace and/or university.

59 That this meeting asks that the BMA:-
i) explicitly counts virtual attendees towards a quorum at Divisional meetings;
ii) actively supports Divisions to make the best use of technology to enable virtual participation.

62 That this meeting recognises the value of divisions in engaging grassroots members on behalf of the association. However, with increasing pressures within the NHS it is becoming more difficult for members to give up time to attend meetings regularly and so calls upon the association to explore new ways of holding division meetings/events virtually to improve engagement with members.

63 That this meeting recognises and values the local engagement trials which have enabled more meetings between members.

GENERAL PRACTICE

That this meeting urges a sensible cap is agreed on the workload of a GP which can be expected to be safely delivered in a day for the safety of patients and sanity of GPs.

That this meeting recognises the right and responsibility of general practitioners to refer patients for specialist opinion and regarding referral management systems:-
i) requires legal confirmation that the clinical responsibility will rest with the individual making the decision that a referral may or may not proceed;
ii) believes they are an unacceptable barrier to patients accessing appropriate secondary care;
iii) believes the time involved is a poor use of the GP workforce;
iv) demands that the government takes measures to ensure that the postcode lottery these create ceases immediately;
v) calls upon the GPC England to oppose this false economy and allow GPs as highly skilled generalists to continue to act with professional autonomy.

67 That this meeting is concerned about the number of recent practice closures and:
   i) believes that unmanaged dispersals lead to patient safety issues;
   ii) believes that more needs to be done to make the public aware of the mounting threat to the system of general practice;
   iii) demands details of the contractual arrangements to provide ongoing primary care after a practice closure, are made public;
   iv) instructs the BMA to take urgent action to ensure the protection of ‘last man standing’ GPs from any additional costs of resignation or retirement resulting from practice closure.

68 That this meeting, with regard to the guidance issued by NHS England regarding prescribing for items that are also available 'over the counter':-
   i) believes that it will, if followed, place GPs at risk of complaint for breach of prescribing regulations, force GPs to make judgements about patients' willingness to purchase items themselves, and lead to conflict between doctors and their patients;
   ii) calls for the BMA discuss with NHS England and DHSC the consequences of amending the regulation requiring the issue of an FP10 for acute illness where effective treatment is available without prescription.

SCIENCE, HEALTH AND SOCIETY

70 That this meeting recognises that reliable access to sanitary products is essential for the health and wellbeing of the menstruating population, and that the current system for distribution can leave those most vulnerable with no option other than to go without. We therefore call on the BMA to:
   i) ensure all in-patients have access to sanitary products for the duration of their stay;
   ii) lobby the government to implement the free provision of sanitary products.

71 That this meeting:
   i) believes that the dangerous increase in antibiotic resistance cannot be reversed until the widespread use of antibiotics in farming is severely curtailed;
   ii) calls on the BMA to lobby government to introduce urgent legislation to reduce antibiotic use in farming and to incentivise farmers to use measures such as improved sanitation and animal husbandry to reduce infection.

72 That this meeting:
   i) calls on government to recognise the devastating long-term life-course effect of adverse childhood experiences and ensure adequate social support to children at risk;
   ii) calls on all NHS services to recognise that any child facing loss or bereavement needs specific support in school and out of school, including access to bereavement support.
| 73  | That this meeting:-  
|     | i) recognises the significant positive impact of a timely education, health and care plan on the child and their family and caregivers;  
|     | ii) is disappointed by the unacceptable number of children and young people, waiting longer than the statutory 20 week deadline, for the educational support they are legally entitled to and need;  
|     | iii) calls on government to collect and publish data on exactly how long children and young people are waiting for an education, health and care plan;  
|     | iv) calls on government for greater financial support for the assessment and implementation of education, health and care plans.  

| 74  | That this meeting deplores the failure of government communication following the Salisbury incident on 4th March when Sergei Skripal was found poisoned, in particular:-  
|     | i) the delay of 12 days before advice on managing potential contact with an unknown toxic substance was produced for GPs;  
|     | ii) the failure to establish a dedicated poisons helpline immediately the nature of the poisoning was suspected;  
|     | iii) the failure to establish a register of all those who were possible contacts with the toxic substance given the possible long term effects of an organophosphate.  
|     | **(As a reference)**  

| 75  | That this meeting asks the BMA should lobby the government to ban supermarkets selling alcohol as a loss leader.  

| 76  | That this meeting calls on government to work with stakeholders to promote engagement of the public in appropriate self-management of long term conditions.  

| 77  | That this meeting believes, noting that the US Surgeon General has concluded that “there is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product” and that NICE Guidance PH48 recommends all hospitals have no designated smoking shelters as smoke-free hospital grounds motivate staff and managers to implement cessation processes to assist hospitalised smokers, that:-  
|     | i) all healthcare workers have a right to work in smoke-free premises;  
|     | ii) all healthcare services should adopt a smoke-free policy;  
|     | iii) the wellbeing of clinicians should be a priority for all health services.  

**WALES**  

| 79  | That this meeting recognises the benefits of medical engagement in health systems and calls:-  
|     | i) on BMA Cymru Wales to work with the Welsh Government to ensure all health boards follow the BMA principles for medical engagement with staff including academics;  
|     | ii) on the Welsh local health boards and NHS trust to demonstrate progress made to develop work plans to address the results from their medical engagement surveys;  
|     | iii) on the Welsh local health boards and NHS trust to provide regular updates on progress to LNCs.  

| 80  | That this meeting following on from the enactment of the Nurse Staffing Levels (Wales) Act 2016, and with particular regard to out of hours staffing of hospital cover, calls on the Welsh Government to take appropriate steps to similarly introduce an agreed safe minimum level of doctor cover to ensure the safety of patients that hospitals must provide.  


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| **82** | That this meeting acknowledges the implementation of a new graduate-entry medical degree in Scotland, but requires any such programme to:—  
  i) ensure that its students are able to deliver an adequate amount of clinical training in settings that are shared by more than one medical school;  
  ii) not reduce the clinical opportunities for learning that students at existing medical schools already receive;  
  iii) allow staff to continue to provide the same level of service to their patients. |
| **83** | That this meeting:—  
  i) requires that BMA Scotland should have the ability to initiate e-mail communication with BMA members in Scotland whenever necessary, without needing prior ratification from BMA UK;  
  ii) recognises that on some issues UK wide communication is appropriate, and therefore requires BMA UK and BMA Scotland to develop a process of communication to ensure that there is no conflict between BMA Scotland and BMA UK email communications. |

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| **86** | That this meeting recognises the particular challenges of medical academic work and calls on employers to:—  
  i) ensure that all medical academics should have Follet compliant annual appraisal;  
  ii) ensure all medical academics have a minimum of 1.5 SPAs. |

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| **88** | That this meeting recognises that some consultant working patterns, particularly those commonly worked by emergency medicine consultants such as full shift 24 hour rotas, become increasingly difficult to sustain in the latter part of a typical consultant career. This meeting asks the BMA to:—  
  i) support the view that it is unreasonable to expect consultants over the age of 50 to work resident night shifts in hospitals; **(AS A REFERENCE)**  
  ii) ensure that this issue is taken into account during any further or future contractual negotiations with national NHS bodies in the UK;  
  iii) ensure that this issue forms part of any workforce planning publications or lobbying or negotiations with national NHS bodies or the governments of the UK. |
| **89** | That this meeting notes the early retirement of NHS consultants due to changes in pension legislation and:—  
  i) recommends the re-employment of these experienced staff on terms to include the employer's former pension contribution to salary;  
  ii) insists that these processes be streamlined to encourage and facilitate staff retention. |

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i) calls for the BMA to negotiate clear, satisfactory national terms and conditions for this position with the appropriate government and local government bodies;
ii) calls on BMA to consider the mechanism for local or regional negotiations for enhancement of national terms and conditions for these positions;
iii) believes that there should be full support and involvement from the appropriate BMA secretariat and policy units;
iv) believes that these new positions should be represented at appropriate local, regional and national committees of the BMA.

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That this meeting in the interests of the bereaved and the efficient use of NHS resources, instructs the BMA to lobby the government for a change in the law such that Coronial processes and demands are the same in each Coronial jurisdiction throughout England and Wales.

**PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL**

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That this meeting, in view of the widespread concerns about the adverse effects of the General Medical Council’s actions in the Bawa-Garba case and its impact on NHS culture and morale:-

i) declares that it has no confidence in the GMC as a professional regulatory body;
ii) demands an apology from the GMC over its handling of that case;
iii) calls for a public inquiry to review the GMC’s conduct in the Bawa-Garba case.

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That this meeting expresses concern that the GMC is targeting individual medical professionals unreasonably without looking into wider perspective and therefore asks the GMC to:-

i) commit to radical reforms of its structure and operations;
ii) review the high number of black and minority ethnic doctors being investigated by the GMC;
iii) investigate the high suicide and death rate amongst doctors under investigation by the GMC.

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That this meeting insists that:-

i) the current system of appraisal and revalidation is not fit for purpose;

(AS A REFERENCE)

ii) the BMA in consultation with GMC issues immediate medico-legal guidance on reflective practice;

iii) the BMA negotiates with Royal Colleges, universities and the GMC to develop alternative reflective strategies such as the use of verbal face to face meetings;

iv) reflection is only shared with an appraiser or training supervisor;

v) doctors retain full control over their appraisal information and access can only be made by the individual doctor or with their express consent;

vi) all appraisal information should be legally privileged.

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That this meeting deplores the approach of the GMC and insists that:-

i) the GMC should not be able to appeal a Medical Practitioners Tribunal Service decision;

ii) the GMC should always be required to reach an individual decision regarding the registration of a doctor following any conviction so that individual circumstances are taken into account.
### INTERNATIONAL AFFAIRS

99. That this meeting notes the concerns raised in the "BMA Brexit briefings", also notes that the BMA is non-partisan but that there is a plurality of opinions within political parties on Brexit. We call on the BMA to:-
   i) support the UK remaining in the European single market;
   ii) support open border arrangements with free movement of healthcare and medical research staff;
   iii) support the UK remaining a member of Euratom to ensure the protection of supply of radioisotopes;
   iv) support the early adoption of the European Clinical Trials Directive in the UK;
   v) publicly announce that it is concerned that Brexit poses a major threat to the NHS and the nation's health;
   vi) support the idea of the public having a final say on the Brexit deal, now that more is known regarding the potential impact of Brexit on the NHS and the nation's health;
   vii) oppose Brexit as a whole.

100. That this meeting in respect to refugee and asylum-seeking doctors, calls on the GMC and the Home Office to:-
   i) recognise the talent and resource in refugee and asylum seeking doctors and other health care professionals;
   ii) provide them with targeted English Language teaching;
   iii) provide a clinical apprenticeship scheme for them to learn how the NHS works and to be trained in the management of conditions within the NHS;
   iv) waive examination fees for registration with the GMC;
   v) provide support to obtain residency and work in healthcare.

101. That this meeting is concerned by current Home Office policy which limits overseas applications for NHS jobs despite growing medical and clinical workforce shortages and calls on the government to review or withdraw the cap for Tier 2 skilled non-EU workers.

102. That this meeting:-
   i) is opposed to a UK-US trade deal, which would facilitate US corporations running healthcare in England;
   ii) calls on the BMA to lobby government against such deals.

### STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS

104. That this meeting recognises that it has been a few years since the BMA SAS charters were signed in all four nations. We urge the BMA to:-
   i) raise awareness of the charters;
   ii) ensure implementation of these charters through negotiation and agreement at LNCs;
   iii) develop a system to monitor their implementation.

105. That this meeting is concerned by the high incidence of bullying and harassment experienced by SAS doctors in the workplace and exhorts the BMA to require employers to promote a positive campaign to stamp out bullying and harassment in every form in the workplace with:-
   i) a positive declaration of adopting a zero-tolerance to bullying and harassment;
   ii) appointment of a SAS Respect guardian /Champion;
   iii) developing and implementing a robust anti bullying and harassment policy and;
   iv) appointing a non-Exec Director as the Trust lead to oversee implementation of the policy, showing a buy-in from the Trust board.
| 106 | That this meeting:-  
i) deplores Health Education England’s recent draft health workforce strategy which states that 12 million pounds are allocated towards SAS development when in reality there have been massive cuts to this funding resulting in no funds allocated across certain LETBs;  
ii) demands an urgent, open investigation into SAS development funding with reassurance from HEE that the SAS development funds will be transparently and fairly allocated across England. |
| 107 | That this meeting calls on the BMA to open discussions with NHS Employers to recognise dedication and long service by ensuring that all SAS doctors across England are given two additional day’s leave after seven years’ service, in line with consultant colleagues and with several Trusts which have already implemented this for SAS doctors. |
| ARMED FORCES | That this meeting notes that Civilian Medical Practitioners are being called upon to undertake the additional responsibilities of military Senior Medical Officers without additional remuneration, and calls upon the Ministry of Defence to ensure that:-  
i) this issue is addressed as a matter of urgency, recognising that CMPs play a vital role within the DMS workforce;  
ii) those who undertake such extended duties are appropriately remunerated;  
iii) this remuneration is backdated to the date such additional duties were commenced. |
| 110 | That this meeting is dismayed to note that, despite the motion passed by this Body in 2017, military primary care still regularly sees compromised patient safety, breaches of confidentiality and postponed appointments as a result of failures of the military IT system. This meeting calls upon the Surgeon General’s Department to take responsibility for these failings and the consequences thereof. |
| MEDICAL STUDENTS | That this meeting notes there is a need for increased recognition, publicity and support for the mental health needs of medical students. This meeting calls for the BMA to:-  
i) continue to research the types of mental health issues being experienced by students so support can be provided to meet the students’ needs;  
ii) review current mental health support provided by medical schools, particularly noting any disparities in support offered between medical schools;  
iii) campaign to make mental health awareness and promotion of self-care practices a core part of the medical education curriculum;  
iv) campaign for clinical facilitators to receive basic training in order to support medical students with mental health difficulties;  
v) campaign for increased access to personal tutoring and high quality psychological support at medical schools and in hospitals;  
vi) lobby student health services to provide extended opening hours for medical students that are not able to comply with a 9 to 5 timetable. |
| 113 | That this meeting notes the coming increase in medical school places by 1500 students per year, and calls upon the BMA JDC to lobby the government to:-  
i) confirm that all medical graduates will have a guaranteed place for the Foundation Programme upon graduation;  
ii) commit to the necessary increase in investment to the Education and Training Tariff to safeguard the ongoing quality and access to postgraduate medical education. |
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| 114  | That this meeting recognises that there is a lack of guidance on reporting incidents of racism directed at medical students from other medical students, senior medical professionals or patients. This conference calls on the BMA to:  
   i) review current GMC policies and guidance on acts of racism;  
   ii) lobby through appropriate groups to ensure all medical schools have a clear and accessible mechanism in place to report acts of racism;  
   iii) create a method in which such reported incidents can be escalated to higher bodies such as the GMC or BMA. |
| 115  | That this meeting acknowledges that women are still the minority in surgical specialties, holding only 11% of surgical consultant posts in 2016, and calls upon the BMA to lobby the Medical Schools Council to take more action in promoting the interest and involvement of female medical students in surgery via:  
   i) lobbying medical schools to apply for places on behalf of their students at the Royal College of Surgeons Women in Surgery conferences and events;  
   ii) lobbying medical schools to host lecture series with local female surgical consultants;  
   iii) recommending medical schools career advisers to provide specific tailored information on surgical careers for women including combining parenthood and surgical careers. (AS A REFERENCE) |
| 120  | That this meeting believes it to be reprehensible that English regional structures in the BMA have no devolved funding. We require the BMA to rectify this. |
| 122  | Motion by NORTHERN IRELAND COUNCIL: That this meeting calls for the Northern Ireland department of health to urgently ensure:  
   i) that doctors work within a culture which is committed to supporting openness and transparency;  
   ii) that Northern Ireland health and social care trusts be subject to an organisational duty of candour to match the duty doctors are already under from their professional regulator;  
   iii) that Freedom to Speak Up guardians be appointed in Northern Ireland to support a culture of openness and transparency. |
| 124  | Motion by NORTH EAST REGIONAL COUNCIL: That this meeting recognises that the advent of new technologies can bring new ethical challenges to light and;  
   i) believes that given the advent of Non-Invasive Prenatal Testing (NIPT) and the potential for whole Genome Sequencing the time is right for consultation to determine the views of the public and the profession on the need for limits to the scope of NIPT in practice. |
<p>| 125  | Motion by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to lobby the government to change the law so that doctors can treat patients regardless of immigration status without the threat of being prosecuted for fraud. |
| 127  | Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes that whilst doctors may not have the right to object to patients making personal recordings of consultations, and recognising that there may be benefits to doing so, condemns the practice of patients posting recordings online and calls on the BMA to lobby for sanctions against patients who breach their doctors’ privacy in this manner. |</p>
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<th>128</th>
<th><strong>Motion</strong> by NORTHERN IRELAND SASC: That this meeting implores the NHS to recognise that death does occur and that the emotionally stressing demands to place Do Not Attempt Cardiopulmonary Resuscitation on all patients at the end of life should be replaced by Allow Natural Death to promote more holistic and positive discussion around end of life. (<strong>AS A REFERENCE</strong>)</th>
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<td>130</td>
<td>That this meeting welcomes the English government’s announcement of a consultation on organ donation opt-out system and supports strategies to increase organ donation across the UK.</td>
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<td>131</td>
<td>That this meeting applauds the government’s commitment to review the law on organ donation and its recent consultation on donor opt out, and welcomes such a change.</td>
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| 133 | That this meeting:–
| | i)  deplores the inhumane conditions which migrants suffer while imprisoned in detention centres;
| | ii) calls on the BMA to call for an end to indefinite detention;
| | iii) calls on the BMA to call for closure of detention centres. |
| 135 | **Motion** by CONFERENCE OF LMCS: That this meeting is concerned that new online GP services are targeting healthy, less complex patients, the funding for whom is partly used to subsidise care for more complex patients on the registered list and calls on the BMA to:-
| | i)  demand a stop to the undermining of general practice by private companies who cherry pick the patients to whom they offer services;
| | ii) demand that online consultation schemes do not become established unless they are prepared to provide a comprehensive package for all patients;
| | iii) support general practice to explore innovative ways of providing health care;
| | iv) demand the allocation of additional funds to NHS general practice to provide training, support and appropriate software and hardware in order to establish on line consultation services. |
| 136 | **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY CONFERENCE OF LMCS): That this meeting believes that doctors feel highly exposed by the GDPR (General Data Protection Regulation) and:-
| | i)  believes that in primary care it is no longer sustainable for the GP to be the sole data controller;
| | ii) calls on the BMA to urgently explore the possibility of commissioning health organisations having one data protection officer for all GP practices in their area;
| | iii) calls on the BMA to negotiate with the information commissioner’s office on the application of GDPR to all doctors;
| | iv) demands an appropriate uplift in the GP core contract to reflect the resulting impact of the new regulation. |
| 137 | That this meeting believes the BMA should have a strategy on monitoring the development and implementation of Artificial Intelligence (AI) in healthcare with particular reference to the impact on medical staffing and the wider ethical issues of such technology. |
| 138 | That this meeting believes that prolonged pay restraint has severely damaged the NHS and its staff and:- i) the BMA should identify actions to reflect the feeling of the profession and support achieving a fair settlement for medical staff; ii) rapid remedial action is needed to restore morale among all NHS staff; iii) demands a real-terms pay rise. |
| 139 | That this meeting urges the BMA to highlight the gender pay gap in medicine and to:- i) lobby governments, health departments and the NHS to focus on the root causes of the gender pay gap; ii) promote more representative participation by women in leadership positions in the NHS at all levels; iii) uphold gender pay equalisation as an essential aim of contract negotiations; iv) launch a campaign reminding members of their rights regarding pay and equality in the workplace; v) communicate with members on efforts made over the next 12-18 months to close the gender pay gap between doctors. |
| 140 | That this meeting notes with concern the recent acknowledgement by the Department of Health and Social Care that the reduction in the Life Time Allowance and cap on pension contributions together with tax implications of pension contributions has contributed significantly to the number of doctors retiring early and that this is having a detrimental effect on those doctors and nurses left behind who have to carry an increasing workload. This meeting asks the BMA to have urgent discussions with the government on ways to alleviate this effect and the consequences of such changes in fiscal policy. |
| 141 | That this meeting requires that the evidence the BMA submits to the DDRB:- i) reflects the differences in health service organisation and/or contractual differences across the nations of the UK. |
| 142 | That this meeting calls upon the BMA to oppose and take action against the Annualisation regulations within the practitioner section of the NHS Pensions scheme. |
| 143 | That this meeting believes that tiered net contributions in a CARE pension scheme like the NHSPS are entirely unfair and that contributions should be equal net of tax relief and asks the BMA to negotiate to secure this. |
| **MEDICO-LEGAL-AFFAIRS** | |
| 145 | That this meeting:- i) requires the BMA to robustly participate in any review of Gross Negligence Manslaughter (GNM); ii) calls on the BMA to campaign for changes to the law on GNM so that the law in England and Wales is more aligned to the law in Scotland; **(AS A REFERENCE)** iii) calls for the law on GNM to take into account system pressures and failures when considering individual responsibility; iv) believes that an independent body should have a remit to provide confidential, professional, no-fault safety incident investigation on a par with the aviation industry. |
| 146 | That this meeting calls for a move in the NHS away from personal responsibility to corporate responsibility with regards to errors and mistakes. |
147 | That this meeting asks the BMA to undertake negotiations with the coroner’s service to widen the range of clinicians who are legally able to sign a death certificate or cremation form.

PRACTICE PRIVATE

149 | That this meeting condemns the actions of the major medical insurance providers in using their monopoly position to:-
   i) restrict patients free access to a consultant of their choice;
   ii) limit the ability of general practitioners to refer patients to a specialist who they believe can offer the best care to their patient;
   iii) exclude clinically competent consultants from recognition for insurance reimbursement without good cause;
   iv) threaten de-recognition of consultants in private practice if consultants choose to negotiate and agree fees directly with patients and fail to use direct e-billing with the insurance provider, excluding patient involvement.

JUNIOR DOCTORS

151 | That this meeting calls on the BMA to:-
   i) lobby relevant stakeholders to ensure that junior doctors are given adequate high-quality clinical supervision;
   ii) remind regulatory bodies, royal colleges and other relevant stakeholders, that junior doctors should be able to reflect openly and honestly, and without fear of recrimination as part of ongoing professional development and;
   iii) remind members of the sources of support available, and the appropriate channels to follow, if they have concerns regarding supervision or support in the workplace.

152 | That this meeting calls on Guardians of Safe Working to, in relation to exception reporting:-
   i) go out and seek information from junior doctors;
   ii) look for juniors working beyond their rostered hours;
   iii) hold responsibility for ensuring junior doctors are supported to exception report.

153 | That this meeting recognises the difficulties in recruitment and retention of junior doctors and welcomes the publication of the ‘8 high impact actions’ from NHS Improvement. We call upon the BMA to lobby NHS Employers and relevant stakeholders to develop key performance indicators with associated funding attached for each of the following:-
   i) adequate rest and sleep facilities;
   ii) access to hot food 24 hours a day, seven days a week;
   iii) rota templates that are compliant with contract requirements;
   iv) receipt of work schedules with a minimum of eight weeks notice and;
   v) receipt of rotas with a minimum of six weeks' notice.
   (AS A REFERENCE)

154 | That this meeting calls for the BMA to operate a list of hospital trusts, ranking them according to compliant, not compliant and semi compliant with staffing of the junior doctors’ rotas. Thereafter the data should be published quarterly to highlight trusts not being compliant or not working in the spirit of the new junior doctors contract.
   (AS A REFERENCE)
### TRAINING AND EDUCATION

| 155 | This meeting supports the work that has been done in efforts to widen access to Category 3 less than full time working in emergency medicine and calls upon the BMA to work with relevant stakeholders to ensure that this access is introduced to an equivalent standard across:—
|     | i) all specialties and;
|     | ii) all grades. |

| 156 | That this meeting recognises the value of high quality training. This meeting therefore calls upon the BMA to lobby relevant bodies:—
|     | i) to agree formal incentives and rewards for excellence in trainer practice and;  
|     | ii) for appropriate protected educational time in work plans for both trainers and trainees. |

| 158 | That this meeting believes that training on patient ‘fit notes’ should be an essential part of all hospital inductions for junior doctors. All doctors should have easy access to issue ‘fit notes’ and they should be routinely considered for patients on discharge from all hospital episodes. |

| 159 | That this meeting insists decisions regarding the allocation of study leave in hospitals should be made by clinicians and not non-clinical managers. |

| 160 | That this meeting is disappointed that surgical trainees find themselves struggling to gain their competencies due to service demands and asks the BMA to lobby appropriate bodies to create ‘protected training time’ which can be used at the trainees discretion as agreed with their educational supervisor to best benefit their training. |

| 161 | That this meeting requires the BMA to lobby the Department for Education to develop in partnership with the BMA a self-care curriculum to be taught in state schools enabling the discovery of principles of care for oneself and others during periods of illness. |

### Chosen motions

| 186 | That this meeting deplores the fact that GPs are having to wait longer and longer for emergency ambulances when dealing with seriously unwell patients in the community and calls on the BMA to highlight this issue with ambulance authorities to lessen GPs exposure to this risk and minimise risks to patients. |

| 278 | That this meeting recognises the research carried out by the Cavell Nurses Trust that has shown that nurses experience a higher risk of violent attack and domestic abuse in the home than that experienced by the general population, and believes that this risk may also apply to the medical profession due to the inherent personality of those that work in healthcare. This meeting therefore calls upon the BMA to follow the example of UNISON and:—
|     | i) carry out a research study of members to assess if this risk exists;  
|     | ii) offer specialised support for members affected by domestic abuse, including mental health support and emergency legal and financial assistance;  
|     | iii) publicly increase awareness of these risks affecting health professionals;  
|     | iv) formulate resources for doctors and medical students to improve the ability of the profession to recognise domestic abuse in patients and colleagues. |
That this meeting recognises evidence that the policies of decriminalising drug use and rehabilitating drug users have resulted in public health benefits in Portugal. Therefore, this conference calls upon the BMA to:

ii) lobby the government to increase funding for services that treat drug addiction;

iii) lobby the government to reduce barriers to research into currently banned substances;

iv) create educational resources to enable medical students and doctors to better understand and meet the needs of patients with drug addiction.