British Medical Association

MINUTES
of
2018 ANNUAL REPRESENTATIVE MEETING

HELD AT

THE BRIGHTON CENTRE

FROM

MONDAY, 25 JUNE 2018
AT
9.15 am

UNTIL

THURSDAY, 28 June 2018

Chair: Dr Anthea Mowat
Please note the figure in brackets after the number of the minute is the original agenda item number.

PROCEDURES, PROCESS AND TIMETABLES

1 (1) Proposed by The Chair: That this Meeting approves:-

i) the standing orders (Appendix 1 of document ARM1A) be adopted as the standing orders of the meeting;

ii) that the precincts of the meeting be regarded as the whole of the conference centre;

iii) the timetable for elections to be carried out during the meeting as set out in ARM5 (on the website);

iv) that in accordance with standing order 37, a ballot of representatives will be held on the first day of the ARM to enable them to choose motions, amendments or riders which should be given priority (Chosen Motions - "C motions"). A ballot paper (ARM8) has been circulated with the documents for the meeting which should be returned to the ARM registration desk by the end of the Monday ARM session 25 June 2018.

2 (2) Proposed from the chair: That the minutes of the BMA Annual Representative Meeting held on 26 June to 29 June 2017 are available on the website. (ARM 11) Carried

3 (3) Proposed by the chair: That the reports from branches of practice for the session 2017-18 are available from the website. Received

Order of business

4 (4) Proposed from the Agenda committee: That the business be taken in the order and at the times indicated below:-

Motion by THE AGENDA COMMITTEE: That the business be taken in the order and at the times indicated below:-

Monday AM
09:15 Welcome and Opening Of The Meeting (page 3, items 1-9)
09:30 Keynote Address By The BMA Council Chair, Dr Chaand Nagpaul (page 5)
09:50 Safe Doctors, Safer Patients (page 6, items 10-13)
10:30 National Health Service (page 12, items 14-24)
11:30 Medicine And Government (page 21, items 25-27)
12:00 Contingency Time
12:05 Occupational Medicine (page 22, items 28-30)
12:20 Professional Fees (page 22, items 31-32)
12:30 Session closes

Monday PM
14:00 Community And Mental Health (page 23, items 33-36)
14:30 NHS Finances (page 25, items 37-41)
15:20 Workforce (page 28, items 42-46)
16:10 Contingency Time
16:15 Civil And Public Services (page 32, item 47)
16:20 Public Health Medicine (page 32, items 48-53)
16:50 British Medical Journal (page 32, item 54)
16:55 BMA Structure And Function (page 33, items 55-63)
17:45 Session closes

**Tuesday AM**
09:00 General Practice (page 35, items 64-68)
09:40 Science, Health And Society (page 36, items 69-77)
10:35 Wales (page 38, items 78-80)
10:55 Scotland (page 39, items 81-83)
11:15 Medical Academic Staff (page 39, items 84-86)
11:30 Contingency Time
11:35 Consultants (page 40, items 87-89)
12:00 Forensic And Secure Environments (page 40, items 90-93)
12:20 Session closes
12:20 Annual General Meeting (page 41)

**Wednesday AM**
09:00 Professional Regulation, Appraisal And The General Medical Council (page 42, items 94-97)
09:35 International Affairs (page 52, items 98-102)
10:10 Staff, Associate Specialists And Specialty Doctors (page 56, items 103-107)
10:40 Armed Forces (page 57, items 108-110)
10:55 Medical Students (page 57, items 111-115)
11:40 Contingency Time
11:45 Charities (page 59, item 116)
11:50 Finances Of The Association (page 59, items 117-120)
12:15 Q&A Treasurer (page 59)
12:30 Session closes

**Wednesday PM**
14:00 Caring, Supportive, Collaborative: A Future Vision For The NHS Open Session (page 60)
15:00 Northern Ireland (page 60, items 121-122)
15:10 Medical Ethics (page 60, items 123-134)
16:15 Contingency Time
16:20 Health Information Management And Information Technology (page 63, items 135-137)
16:40 Doctors’ Pay, Pensions And Contracts (page 65, items 138-143)
17:30 Q&A Council Chair (page 67)
17:45 Session closes

**Thursday AM**
09:00 Medico-legal Affairs (page 68, items 144-147)
09:30 Private Practice (page 70, items 148-149)
09:35 Junior Doctors (page 70, items 150-154)
10:55 Training And Education (page 71, items 155-161)
11:35 Contingency Time
11:40 Motions Arising From ARM (page 72)
12:55 Closing Business (page 72, item 162)
13:00 Close Of The Meeting
Bye-laws

5 (5) Proposed by Dr Lewis Morrison co chair, organisation committee: That the bye-laws of the association be amended in the manner shown in appendix II of document ARM1A. Carried
Retired members committee
75.% in favour
25% against

BMA policy

6 (6) Proposed by the chair: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM7 (on the website). Received

7 (7) Proposed by the chair: That the BMA Representative Body chair will notify the meeting where items being considered by the meeting would, if approved, supersede existing policy and that such policies would be so marked in the policy book, and recommended to the subsequent ARM to be formally lapsed.

A motions were 23, 52, 53, 61, 62, 63, 75, 76, 77, 86, 93, 130, 132, 134, 143, 159, 160, 161

‘A’ removed from motions 23, 60, 132 & 134 and motions were moved to part 2 agenda.

PRESIDENT OF THE BMA

8 (9) Proposed by the chair: That Professor Raanan Gillon be appointed BMA president for the session 2019-20. Received

REPORT BY THE COUNCIL CHAIR

9 (9) Report by the council chair, Dr Chaand Nagpaul. Received

SAFE DOCTORS, SAFER PATIENTS MONDAY 9.50 - 10.30

10 (10) Proposed by Dr George Rae: 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 develop a policy to adequately fund health and social care delivery that will prevent the destruction of our NHS. Carried as amended
Amendment: 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.

Proposed by Dr Satish Kumar Narang: 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.

Proposed by Mr Sathish Jayagopal: 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.

Proposed by Dr Gary Marlowe: 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 (15) Proposed by Dr George Rae: 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.

Carried

16 (16) Proposed by Dr Coral Jones: 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.

Carried

17 Rider proposed by Dr Coral Jones: This meeting calls on the BMA to press for the taking of outsourced NHS workers into direct NHS Employment.

18 (17) Proposed by Dr Peter English: 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.

Carried

19 (18) Proposed by Dr Latifa Patel: 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.

20 (19) Proposed by Dr Gillian Beck: 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 postcode lottery.

Carried

Helena McKeown Representative Body Deputy Chair, in the chair

MEDICINE AND GOVERNMENT MONDAY 11.30 - 12.00

21 (25) Proposed by Dr Om Aggarwal: 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.

Carried

22 (26) Proposed by Dr Philip John Howard: 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.

Carried

Contingency time       Monday 12.00

OCCUPATIONAL MEDICINE MONDAY 12.05 - 12.20

23 (28) Written report from the BMA occupational medicine committee chair (Mark Weir).

Received

24 (29) Proposed by Dr Russell Walshaw: 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.

Carried

25 (30) Proposed by Dr Emily Burns: 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.

Carried as amended
Amendment proposed by Dr Thabo William Miller: 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.

PROFESSIONAL FEES MONDAY 12.20 - 12.30

Report from the BMA professional fees committee chair (Peter Holden).

Proposed by Dr Peter Holden: 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.

Session closes Monday 12.30

COMMUNITY AND MENTAL HEALTH MONDAY 14.00 - 14.30

Report from the BMA committee on community care chair (Ivan Camphor).

Proposed by Dr Katharine Elin Louise Harding: 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.

Proposed by Dr J Bamrah: 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:-

Carried
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.

32 (36) Proposed by Dr Pooja Arora: 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.

Carried

Helena McKeown Representative Body Deputy Chair, in the chair

NHS FINANCES MONDAY 14.30 - 15.20

33 (37) Proposed by Dr Stephen Millar: That this meeting calls on the UK governments to:-

i) establish Royal Commissions to make recommendations on funding the NHS, social care and public health;

ii) confirm the NHS is based on the original principles of Bevan;

iii) ensure the NHS meets the needs of its patients;

iv) ensure the workforce and funding of services are commensurate with the demands made on them;

v) remove the strategy and administration of the NHS from direct political control.

Carried in parts
Parts carried: (ii), (iii), (iv) and (v)
54% in favour
46% against
Parts lost: (i)
45% in favour
55% against

34 (38) Proposed by Dr Stephen Burns: That this meeting believes that in order to provide the necessary funding for the NHS:-

i) taxation should be increased;

ii) rates of income tax should be increased.

Carried in parts
Parts carried: (i)
Parts lost: (ii)

35 (39) Proposed by Dr Russell Walshaw: That this meeting, in the light of the current resource and funding crisis in the NHS:-

i) calls on the BMA to encourage the government to consider alternative means of funding the NHS;

ii) calls on the BMA to lobby for alternative funding streams for social care;

iii) believes co-payments from patients should be considered.

Lost (i), (ii) & (iii)

(iii)
22% in favour
78% against

36 (40) Proposed by Dr Kevin O’Kane: This meeting:-

i) opposes the proposition of the Naylor report that NHS land and property be sold off to the private sector;

Carried
ii) calls upon regional councils to oppose local instances where this is proposed and to work with local campaigns.

Anthea Mowat Representative Body Chair, in the chair

WORKFORCE MONDAY 15.20 - 16.10

37 (42) Proposed by Dr Russell Walshaw: That this meeting is alarmed by the untimely exodus of doctors from the NHS and:-

i) asks the BMA to do a survey of the morale of doctors which seems to be deteriorating all the time;

ii) calls upon the government to urgently address the low morale and burnout in all parts of the NHS;

iii) asks the BMA through the Departments of Health and National Health Services to seek to better retain doctors.

Carried in parts
Parts carried(ii) and iii)
62% in favour
38% against
Parts lost: (i)

38 (43) Proposed by Mrs Anna Athow: 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;

v) calls on the BMA to oppose the development and expansion of Medical Associate Professionals (MAPs) in place of trained doctors.

Carried in parts
Parts carried: (i), (ii) 64% in favour
36%
Parts lost: (iii) and iv)

Proposed by Dr Andrew Norton: 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.

Carried

Proposed by Dr Basab Bhattacharya: 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.

Carried

CIVIL AND PUBLIC SERVICES MONDAY 16.15 - 16.20

41 (47) Written report from the BMA civil and public services committee chair (Elliott King)

Received
PUBLIC HEALTH MEDICINE MONDAY 16.20 - 16.50

42 (48) Report from the BMA public health medicine committee chair (Peter English). Received

43 (49) Proposed by Dr Jane Lothian: 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. Carried

44 (50) Proposed by Dr Peter Mark Bandele English: 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. Carried as a reference

45 (51) Proposed by Dr Lucy-Jane Davis: 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. Carried

BRITISH MEDICAL JOURNAL MONDAY 16.50 - 16.55

46 (54) Report from the BMJ publishing group chair (Joseph Lippincott) / chief executive (Peter Ashman). Received

BMA STRUCTURE AND FUNCTION MONDAY 16.55 - 17.45

47 (55) Proposed by Dr Jennifer Barclay: 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;

vi) who to contact if ballot papers have not been received. Carried

48 (56) Proposed by Dr George Rae: That this meeting believes that regional matters are part of the legitimate remit of central communications support services and believes:- Carried
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.

49 (57) Proposed by Miss Rebecca Lucy Acres: That this meeting requires the BMA to invest in training its activists:

i) to offer media training to as many activist members as possible in their divisions, regions and branches of practice;

ii) to provide e-learning and interactive sessions on current BMA policy, structure and function;

iii) 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.

Carried in parts

Parts carried: (ii) and (iii)

Parts lost: (i)

53% in favour

47% against

(2/3 majority required)

50 (58) Proposed by Dr James Rowson: 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 and;

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.

Carried in parts

Parts carried: (i) and (iii) with (ii) carried as a reference

Proposed by Dr Satish Kumar Narang: 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.

Carried

Proposed by Dr Gaurav Gupta: 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;

Carried
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.

54 (67) Proposed by Dr Annapurna Rao: 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.

55 (68) Proposed by Dr Andrew Green: 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 TUESDAY 9.40 - 10.35

56 (69) Report from the BMA board of science chair (Dame Parveen Kumar).

57 (70) Proposed by Miss Eleanor Wilson: 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.

58 (71) Proposed by Dr Anna Livingston: 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 by 90% and to incentivise farmers to use measures such as improved sanitation and animal husbandry to reduce infection.

59 Amendment proposed by Dr David Farren: 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.
Proposed by Prof Baroness Ilora Finlay: 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.

Carried

Proposed by Dr Latifa Patel: 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.

Carried

Proposed by Prof Baroness Ilora Finlay: 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.

Carried in parts
Parts carried: i) and ii) with iii) carried as a reference

Helena McKeown Representative Body Deputy Chair, in the chair

WALES TUESDAY 10.35 - 10.55

Report from the BMA Welsh council chair (David Bailey).

Received

Proposed by Professor Michael Rees: 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.

Carried

Proposed by Dr Ram Kumar: 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.

Carried
**SCOTLAND TUESDAY 10.55 - 11.15**

66 (81) Report from the BMA Scottish council chair (Peter Bennie).  
**Received**

67 (82) Proposed by Ms Lekaashree Rambabu: That this meeting acknowledges the implementation of a new graduate-entry medical degree in Scotland, but requires any such programme to:-

i) be able to deliver to its students 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.  
**Carried**

68 (83) Proposed by Dr Stuart Blake: 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.  
**Carried**

Anthea Mowat, Representative Body Chair, in the chair

**MEDICAL ACADEMIC STAFF TUESDAY 11.15 - 11.30**

Anthea Mowat Representative Body Chair, in the chair

69 (84) Report from the BMA medical academic staff committee co-chairs (Peter Dangerfield and Michael Rees).  
**Received**

70 (85) Proposed by Dr Philip Pearson: That this meeting notes the planned expansion of UK medical student numbers and calls upon both the BMA and GMC to ensure, as prerequisites for this expansion, the concomitant essential increase in the number of medical academic posts, SPAs for consultants and also funding for general practice which reflects the costs practices incur by providing teaching sessions.  
**Carried**

**CONSULTANTS TUESDAY 11.35 - 12.00**

71 (87) Report from the Acting BMA consultants committee chair (Robert Harwood).  
**Received**

72 (88) Proposed by Dr Simon Walsh: 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;

ii) ensure that this issue is taken into account during any further or future contractual negotiations with national NHS bodies in the UK;  
**Carried in parts**  
*Parts carried: (ii) and (iii) with (i) carried as a reference*
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.

FORENSIC AND SECURE ENVIRONMENTS TUESDAY 12.00 - 12.20

73 (90) Proposed by: Report from the BMA forensic and secure environments committee co-chairs (Sophie Carter-Ingram/Bethan Roberts). Received

74 (91) Proposed by Dr John Barrie Firth: That this meeting notes the much delayed position of Medical Examiner (ME) in Cause of Death will most likely commence in April 2019 in England and Wales. It is expected that 800+ doctors from all branches of practice will be employed. In order to ensure that these posts are fit for purpose this meeting:

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. Carried as amended

Amendment proposed by Dr John Barrie Firth: That this meeting notes the much delayed position of Medical Examiner (ME) in Cause of Death will most likely commence in April 2019 in England and Wales. It is expected that 800+ doctors from all branches of practice will be employed. In order to ensure that these posts are fit for purpose this meeting:

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. Carried

76 (92) Proposed by Dr Peter Holden: 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. Carried

Anthea Mowat Representative Body Chair, in the chair

PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL WEDNESDAY 9.00 - 9.35

77 (94) Proposed by Dr Krishna Kasaraneni: 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; Carried in parts

Parts carried: (i)

89% in favour

11% against,
iii) calls upon the Chief Executive and Chairman of GMC to resign;

iv) directs the BMA to seek legislative changes to make sure that the government, and not the profession funds the GMC;

v) calls for a public inquiry to review the GMC’s conduct in the Bawa-Garba case.

(ii) 91% in favour 9% against, and

(ii) 90% in favour 10% against

Parts lost: (iii)

49% in favour 51% against, and

(iv) 39% in favour 69% against.

78 (95) Proposed by Mr S K Farid Ahmed: 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.

Carried in parts
Parts carried: (i), (ii) and (iii)

INTERNATIONAL AFFAIRS WEDNESDAY 9.35 - 10.10

79 (98) Report from the BMA international committee chair (Terry John).

80 (99) Proposed by Dr William Harvey Sapwell: 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.

Received

Carried in parts
Parts carried:

(i) 76% in favour 24% against,

(ii) 91% in favour 9% against,

(iii) 97% in favour 3% against,

(iv) 94% in favour 6% against,

(v) 79% in favour 21% against,

(vi) 74% in favour 26% against and

(vii) 62% in favour 38% against

81 (100) Proposed by Prof Baroness Ilora Finlay: 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.

**STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS WEDNESDAY 10.10 - 10.40**

82 (103) Report from the BMA staff, associate specialists and specialty doctors committee chair (Amit Kochhar).

83 (104) Proposed by Dr Rajesh Kumar: 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.

84 (105) Proposed by Dr Radhakrishna Shanbhag: 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.

85 (106) Proposed by Dr Reshma Uday Khopkar: 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.

Helena McKeown Representative Body Deputy Chair, in the chair

**ARMED FORCES WEDNESDAY 10.40 - 10.55**

86 (108) Proposed by : Report from the BMA armed forces committee chair (Glynn Evans).

87 (109) Proposed by Dr J Brendan McKeating: 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, which is the equivalent to a Salaried GP taking on the role and responsibilities of a Partner GP, and calls upon the Ministry of Defence to ensure that:-

Carried as amended
19

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.

Amendment proposed by Dr Rachel McMahon: 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.

89 Proposed by Dr Sarah Hollis: 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.

Carried

MEDICAL STUDENTS WEDNESDAY 10.55 - 11.40

90 Report from the BMA medical students committee co-chairs (Mita Dhullipala and Harrison Carter).

(111) Received

91 Proposed by Miss Karyn Joss: That this meeting notes there is a need for increased recognition, publicity and support for the mental health needs of medical students. This conference 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.

Carried

92 Proposed by Dr Sarah Hallett: 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.

Carried
Proposed by Mr Gurdas Singh: 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.

Carried

Proposed by Mrs Alice Day: 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.

Carried with (iii) as a reference

Contingency time Wednesday 11.40

Proposed by Dr John MacKinnon: 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.

Carried

Anthea Mowat Representative Body Chair, in the chair

CHARITIES WEDNESDAY 11.45 - 11.50

Report from the BMA Charities Chair of Trustees (Andrew Mowat).

Received

FINANCES OF THE ASSOCIATION WEDNESDAY 11.50 - 12.15

Report from the BMA treasurer (Andrew Dearden).

Received

Proposed by Dr Andrew Dearden: That the annual report of the directors, treasurer’s report and financial statements for the year ended 31 December 2017 as published on the website be approved.

Carried

Proposed by Dr Andrew Dearden: That the subscriptions outlined in document ARM1B (appendix iii) be approved from 1 October 2018.

Carried
Proposed by Miss Rebecca Acres: 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. Carried

NORTHERN IRELAND WEDNESDAY 15.00 - 15.10

Report from the BMA Northern Ireland council chair (John D Woods). Received

Proposed by Dr Paul Darragh: 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. Carried

MEDICAL ETHICS WEDNESDAY 15.10 - 16.15

Report from the BMA medical ethics committee chair (John Chisholm). Received

Proposed by Dr Zoe Greaves: 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;

ii) calls for the BMA to lobby for the establishment of a register of conditions for which NIPT can be conducted in the UK;

iii) believes any such list or register should be held and maintained by an independent non-governmental body or panel of experts and lay members;

iv) believes that further to the establishment of a register of such conditions the BMA should lobby government to ensure appropriate sanctions exist to prevent and limit parties who act to preference or prevent genotypes out with those registered. Carried in parts

Parts carried: (i), Parts lost: (ii), (iii) and (iv)

Proposed by Mr Sandesh Gulhane: 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. Carried

87% in favour
13% against

Proposed by Mr Stephen Preston: That this meeting does not support extension of the current time limitations on human embryo research. Lost

33% in favour
67% against

Proposed by Dr Zoe Greaves: 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. Carried

70% in favour
30% against
Proposed by Dr Leanne Davison: 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. Carried as a reference 67% in favour 33% against

HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY WEDNESDAY 16.20 - 16.40

Proposed by Dr Katie Bramall-Stainer: 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.

Proposed by Dr Grant Ingrams: 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.

DOCTORS’ PAY, PENSIONS AND CONTRACTS WEDNESDAY 16.40 - 17.30

Proposed by Dr Russell Walshaw: 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-term pay rise.

Proposed by Dr Alex Freeman: 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.

113 Proposed by Dr Russell Walshaw: 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. Carried

114 Proposed by Dr Nicola Thompson: 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 and;

ii) is presented separately by branch of practice. Carried in parts Parts carried: (i), Parts lost: (ii) 47% in favour 53% against

Anthea Mowat Representative Body Chair, in the chair

MEDICO-LEGAL AFFAIRS THURSDAY 9.00 - 9.30

115 Report from the BMA medico-legal committee chair (Jan Wise). Received

116 Proposed by Dr Philip Banfield: 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;

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. Carried in parts Parts carried: (i), (iii), and (iv) with (ii) carried as a reference

117 Proposed by Mr Sathish Jayagopal: That this meeting calls for a move in the NHS away from personal responsibility to corporate responsibility with regards to errors and mistakes. Carried

118 Proposed by Dr Ian Hume: 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. Carried

PRIVATE PRACTICE THURSDAY 9.30 - 9.35
Proposed by Dr Gordon Matthews: 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 THURSDAY 9.35 - 10.55

Report from the BMA junior doctors committee chair (Jeeves Wijesuriya).  

Proposed by Dr Stephen McAleer: 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.

Proposed by Dr Cristina Costache: That this meeting calls on Guardians of Safe Working to:-

i) go out and seek information from junior doctors;

ii) look for Juniors working beyond their rostered hours;

iii) hold investigative responsibility.

Amendment proposed by Dr Daniel Bunce: 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 investigative responsibility for ensuring junior doctors are supported to exception report.

Proposed by Dr James Cameron Spence: 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.

Proposed by Dr Adam Collins: 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.

Carried as a reference

Helena McKeown Representative Body Deputy Chair, in the chair

Proposed by Dr Jacqueline Clare Applebee: 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.

Carried

Proposed by Dr Geoffrey Lewis: That this meeting insists that:-

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

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 and 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.

Carried in parts

Parts carried: (ii), (iii), (iv), (v) and (vi) with (i) carried as a reference

Proposed by Dr Stephen Austin: 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;

iv) appointment of ‘Freedom to Speak Up Guardians’ as recommended in the Francis Report.

Carried

Proposed by Dr Mary McCarthy: 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.

Carried

TRAINING AND EDUCATION THURSDAY 10.55 - 11.35

Proposed by Dr Shabana Alam-Zahir: That 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

Carried
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.

Proposed by Dr Simon Ashkaan Tavabie: 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.

Proposed by Dr Andrew Carey Norton: That this meeting asks Health Education England, and other equivalent bodies, to ensure that trainees in all specialities undertake periods of training in rural district general hospitals in order to provide an appropriate balance of experience, and to encourage recruitment and retention of staff in rural areas.

Proposed by Dr Lucy-Jane Davis: 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.

Anthea Mowat Representative Body Chair, in the chair

Proposed by Mr Rajiv Kumar: 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.

Proposed by Dr Sarah Joan Jones: 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.

Proposed by Dr Krishan Aggarwal: 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.

CHosen Motions

PART 2 – DOCTORS’ PAY, PENSIONS & CONTRACTS

Proposed by Dr Peter Campbell: That this meeting calls on the BMA to ballot for industrial action demanding:-

i) real term pay rise for doctors;

ii) safe working conditions for all staff;

Lost

41% in favour
59% against
iii) an end to unnecessary assessment, appraisal and revalidation.

PART 2 - NATIONAL HEALTH SERVICE

138 (186) Proposed by Dr Samuel David Parker: 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. Carried

PART 2 - WORKFORCE

139 (278) Proposed by Dr Mairi Elizabeth Reid: 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. Carried 96% in favour 4% against

PART 2 - BMA STRUCTURE AND FUNCTION

140 (321) Proposed by Ms Emma Runswick: That this meeting instructs that:-

i) votes of committee and council members should be recorded and published for members to enable informed voting in elections;

ii) council members who wish to publish their own voting records and arguments should be free to do so;

iii) there should be a dedicated contact point for those wishing to scrutinise expenses and honoraria. Lost

PART 2 - SCIENCE, HEALTH AND SOCIETY

141 (386) Proposed by Miss Grace Allport: 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:-

i) publicly announce support for decriminalising possession of personal use quantities of drugs;

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. Carried in parts Parts carried: (ii), (iii) and (iv), Parts lost: (i) 45% in favour 55% against
CLOSING BUSINESS

Motion by THE BMA COUNCIL CHAIR: That the BMA Representative Body chair be empowered on behalf of the meeting to approve the minutes of the meeting.  

Carried

ARM CLOSED