AGENDA

Harrogate International Centre

22-26 June 2014
ARM1
2014

British Medical Association

AGENDA
of
ANNUAL REPRESENTATIVE MEETING

TO BE HELD AT

Harrogate International Centre

FROM

MONDAY, 23 JUNE 2014

UNTIL

THURSDAY, 26 June 2014

Chairman: Dr Ian Wilson

[NB: The Appendices to the ARM agenda will be in a separate document (ARM 1A)]
Induction
Opening of the Meeting
Procedures, Process and Timetables
President of the BMA
Chair of Council
Medicine and Government
National Health Service
  • The Market & Privatisation
  • Seven Day Services
  • Funding & Finance
  • Integrated Care
Occupational Medicine
British Medical Journal
BMA Board
Public Health Medicine
Staff, Associate Specialists and Specialty Doctors
Consultants
Branch of Practice Question and Answer Session
Scotland
Workforce
Science, Health and Society
  • Growing up in the UK
Professional Regulation and the GMC
Junior Doctors
Annual General Meeting
Wales
Community Care and Mental Health
Medical Ethics
Health Information Management and IT
Finances of the Association
Charities
Chair of Council's Question and Answer Session
Forensic Medicine
Armed Forces
General Practice
Civil and Public Services Committee
Professional Fees
Private Practice
INDUCTION

A teach-in session will be held on the preceding Sunday evening and on the Monday morning prior to the commencement of the ARM in the Harrogate International Centre.

OPENING OF THE MEETING  Monday 09.20 - 09.45

Welcome and introductions by the Chairman of The Representative Body.

PROCEDURES, PROCESS AND TIMETABLES

1. **Motion by THE CHAIRMAN**: 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;
   iv) that in accordance with Standing Order 37, a ballot of representatives will be held on the first morning of the ARM to enable them to chose motions, amendments or riders which should be given priority (Chosen Motions - "C motions"). A ballot paper has been circulated with the documents for the Meeting which should be returned to the ARM Registration Desk by 12 noon on Monday 23 June 2014.

2. **Confirm**: Minutes of the Annual Representative Meeting held on 24 June to 27 June 2013 (ARM 12, 2013).

3. **Motion by COUNCIL**: That this Meeting approves the recommendations for policy passed in 2009 to be lapsed as indicated on document ARM 10.

4. **Receive**: That the reports from branches of practice for the session 2013-14 are available from the website.

Order of business

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

   **Monday AM**
   09.20 Preliminary Business (page 3, Items 1-9)
   09.45 Report by the Chair of Council (page 5)
   10.05 Medicine and Government (page 5, Items 10-21)
   10.45 National Health Service (page 11, Items 22-100)
   11.55 The Market and Privatisation (page 25, Items 101-114)
   12.25 Contingency time
   12.30 Session closes

   **Monday PM**
   14.00 National Health Service
       Seven Day Services (page 30, Items 115-116)
   14.20 Funding and Finance (page 33, Items 117-137)
   15.00 Integrated Care (page 38, Items 138-139)
   15.20 Occupational Medicine (page 40, Items 140-143)
15.40 British Medical Journal (page 41, Item 144)
15.50 BMA Board (page 41, Item 145)
16.05 Public Health Medicine (page 41, Items 146-152)
16.30 Staff, Associate Specialists and Specialty Doctors (p42, Items 153-157)
16.55 Consultants (page 43, Items 158-166)
17.20 Contingency time
17.25 Question and Answer Branch of Practice Chairman
17.45 Session closes

Tuesday AM
09.15 Scotland (page 45, Items 167-168)
09.30 Workforce (page 45, Items 169-203)
10.00 Science, Health and Society (page 52, Items 204-244)
10.55 Growing up in the UK (page 60, Items 245-252)
11.15 Professional Regulation and the GMC (page 62, Items 253-282)
11.50 Junior Doctors (page 66, Items 283-293)
12.15 Contingency time
12.20 Annual General Meeting
12.30 Session closes

Wednesday AM
09.15 Wales (page 69, Items 294-312)
09.40 Community Care and Mental Health (page 71, Items 313-322)
10.15 Medical Ethics (page 74, Items 323-355)
11.20 Contingency time
11.25 Health Information Management and IT (page 83, Items 356-366)
11.45 Finances of the Association (page 87, Items 367-373)
12.10 Charities (page 88, Item 374)
12.15 Question and Answer Chair of Council
12.30 Session closes

Wednesday PM
14.00 Forensic Medicine (page 88, Items 375-379)
14.20 Armed Forces (page 89, Item 380)
14.25 General Practice (page 89, Items 381-417)
15.10 Civil and Public Services (page 96, Item 418)
15.20 Professional Fees (page 96, Item 419)
15.40 Contingency time
15.45 Medico-Legal Affairs (page 99, Items 432-440)
16.05 International Affairs (page 100, Items 441-451)
16.35 BMA Structure and Function (page 102, Items 452-517)
17.25 Contingency time
17.30 Question and Answer Treasurer
17.45 Session closes

Thursday AM
09.15 Northern Ireland (page 111, Items 518-522)
09.35 Medical Academic Staff (page 112, Items 523-527)
09.55 Training and Education (page 113, Items 528-555)
10.40 Doctors’ Pay and Contracts (page 118, Items 556-579)
11.00 Pensions (page 122, Items 580-594)
11.10 Contingency time
11.15 Motions Arising from the ARM
Closing Business (page 124, Item 595)
12.30 Session closes
12.45 ARM Ends

6 **Confirm:** That the motions marked with an 'A' have been assessed by the Agenda Committee to be either existing policy or sufficiently uncontentious to be voted on without debate and unless challenged at this point in the meeting be approved and published in the policy book.

**Bye-laws**

7 **Motion** by THE CO-CHAIRS OF THE ORGANISATION COMMITTEE ON BEHALF OF COUNCIL: That subject to any amendments arising out of the decisions of the meeting, the Bye-Laws of the Association be amended in the manner shown in Appendix II of document ARM 1A.

**Articles**

8 **Motion** by THE CO-CHAIRS OF THE ORGANISATION COMMITTEE ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to Articles of the Association as set out in Appendix III of document ARM 1A/AGM3, and recommends the changes to the Articles to the Annual General Meeting for approval.

**PRESIDENT OF THE BMA**

9 **Motion** by COUNCIL: That Professor Sir Albert Aynsley-Green be elected President of the Association for 2015-16.

**CHAIR OF COUNCIL** Monday 09.45 - 10.05
Keynote address by the Chair of Council, Mark Porter.

**MEDICINE AND GOVERNMENT** Monday 10.05 - 10.45

* 10 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EAST MIDLANDS REGIONAL COUNCIL): That this Meeting believes that medical professionalism is under assault by government and media, and:- i) affirms that professionalism is at the heart of quality healthcare delivery; ii) calls on the BMA to work to increase public awareness and understanding of the value, integrity and professionalism of doctors.

10a **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting reminds the government that the continued overt and covert assault on medical professionalism is a serious threat to the survival of the NHS, particularly in the light of demographic change within the profession and society.

10b **Motion** by EAST KENT DIVISION: That this Meeting reaffirms the duties of a doctor outlined in Good Medical Practice (GMC) and calls on the BMA to enhance patient care by reinforcing medical professionalism as the cornerstone of healthcare delivery.

10c **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting is fed up with the constant media barrage that the NHS is failing and calls for the BMA and media to celebrate the NHS as one of the most successful health care organisations in the world.
10d **Motion** by JUNIOR MEMBERS FORUM: That this Meeting is appalled by the 'doctor bashing media frenzy'.

10e **Motion** by WALTHAM FOREST DIVISION: That this Meeting is alarmed at the pressures placed upon all branches of practice by this government, and therefore recommends action by the profession to communicate and collaborate, in order to oppose the reduction of resources and the splitting of the profession, and instead guarantee appropriate care for our patients.

10f **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting considers that medical professionalism is at the heart of what we do in our professional life and we should always strive to practise and promote it as our most valuable asset.

10g **Motion** by JUNIOR MEMBERS FORUM: That this Meeting perceives an increasing climate of negative media reporting and political opinion on the profession and calls on the BMA to:

i) launch a public awareness campaign to highlight the positive contributions of the profession;

ii) liaise with national and local media outlets in an effort to increase positive reporting by lay publications;

iii) develop a robust method of responding to erroneous reporting in the national press.

10h **Motion** by ISLINGTON DIVISION: That this Meeting deplores that NHS services are run down and staff are blamed. The constant denigration of the NHS and doctors in the media is eroding the profession and is bad for the morale of doctors. We call for the BMA to stand up for doctors and NHS staff in the face of a constant barrage of negative media stories.

10i **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting is seriously concerned with incessant, ongoing negative media aimed at the profession and demands that Council:-

i) focus on a strategy to deliver a huge increase in positive media and social media coverage of doctors;

ii) ensure that there is an increased public awareness and understanding of the value, integrity and professionalism of doctors.

10j **Motion** by N IRELAND (SOUTHERN) DIVISION: That this Meeting denounces the incessant doctor-bashing by politicians and the media and demands that the BMA stop directing funds to Public Health campaigns and focuses on protecting members' interests.
Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): That this Meeting agrees with Don Berwick’s recommendation in the wake of the Francis Inquiry, for the NHS to promote a culture of learning and openness, not of blame and fear, and calls upon government to take action to:-

i) eradicate the current bullying culture within the NHS which inhibits clinicians from raising patient safety concerns and demonises doctors, nurses and other healthcare workers for failures of delivery of healthcare;

ii) remove the stigma surrounding whistleblowing which inhibits clinicians from raising patient safety concerns, and support staff and students to raise concerns without fear;

iii) develop a culture in the NHS of transparency, respect, learning and continuous quality improvement by focusing on the needs of patients above financial constraints.

Motion by EDGWARE & HENDON DIVISION: That this Meeting agrees with Don Berwick’s recommendation in the wake of the Francis Inquiry, for the NHS to promote a culture of learning and openness, not of blame and fear, and calls upon the government to make this a reality in the working lives of NHS staff.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting:-

i) regrets that Council has not published a response to the Mid Staffs Inquiry of Robert Francis;

ii) believes patient safety is improved by protecting employees who raise concerns;

iii) calls upon Council to lobby for a model based on the Danish Act on Patient Safety, that requires organisations to respond to concerns and also protects whistleblowers from persecution.

Motion by MEDICAL STUDENTS CONFERENCE AGENDA COMMITTEE: That this Meeting believes that sustained efforts must be made to remove the subversive stigma surrounding whistleblowing and to improve learning resources and support for medical students regarding this and other difficult issues surrounding professionalism (e.g. use of social media). To this end we call for:-

i) the incorporation of such topics into medical schools’ curriculum and assessment;

ii) medical schools to publicise local protocols, campaigns and external support structures relevant to their students;

iii) an assessment of the current system of delivering this information;

iv) the separation of mental health/welfare services within medical schools from professionalism/fitness to practice panels to encourage students to raise concerns about their own limitations/abilities;

v) the government to undertake a review of the Public Interest Disclosure Act to ensure the full protection of whistle-blowers.

Motion by IMPERIAL COLLEGE LONDON MEDICAL SCHOOL: That this Meeting:-

i) recognises that medical students can provide valuable insight into the standards of care delivered to patients by healthcare providers during clinical placements;

ii) calls on the BMA and NHS Employers across the UK to act upon the recommendation in the Mid Staffordshire Report that healthcare providers actively seek feedback from students on the quality of care they provide and issues concerning patient safety, such as in-placement Quality Improvement
Projects (QIPs), and that this should be without repercussions for students involved.

11e Motion by CONSULTANTS CONFERENCE: That this Meeting is appalled at the continuation of the bullying culture within the NHS and dismayed that it inhibits clinicians from raising patient safety concerns.

11f Motion by NORTHERN RSASC: That this Meeting calls on the NHS to embrace cultural change, supporting staff to raise concerns without fear of bullying and harassment.

11g Motion by SOUTH WEST LONDON DIVISION: That this Meeting:-
   i) deplores the culture of fear and blame within the NHS which discourages whistleblowers;
   ii) supports a legal duty of candour that is placed on organisations rather than individuals;
   iii) calls on the CQC to meet with Staffside organisations and Local Negotiating Committees to allow staff to raise concerns at work, protect whistleblowers and hold NHS organisations to account when there is a need to expose wrongdoing and protect patient safety.

11h Motion by N IRELAND (EASTERN) DIVISION: That this Meeting believes that current political strategy of demonising doctors, nurses and other healthcare workers for failures of delivery of healthcare to patients is counter-productive and instead calls on government to:-
   i) provide leadership to develop a culture of excellence, transparency and respect in the health service by focusing on the needs of patients above financial constraints;
   ii) allow NHS staff to focus on developing a culture of continuous quality improvement in their daily work so that outcomes for patients are improved and harm is minimised.

11i Motion by N IRELAND (EASTERN) DIVISION: That this Meeting believes that, in light of recent healthcare deficiencies and scandals, there would be faster and more sustained improvements in quality of patient care if managers focused on the reasons why doctors can provide good care and then spread this knowledge to enable other doctors to emulate this practice rather than seeking to punish the few doctors who have fallen below the required standards and therefore calls on government to change their policies to incorporate this.

11j Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes that the best way to change the culture of the NHS is to embed learning in clinical practice and not by punitive actions, making better use of Serious Incidents data, and introducing compassionate discipline wherever possible. The BMA must impress this on the DH and Health Boards across the UK and publish an agreed policy.

11k Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting:-
   i) recognises that clinical leadership is central to delivering a high quality and efficient NHS;
   ii) believes that effective clinical leadership is dependent on clinical engagement and followership, which in turn requires trust, high levels of professionalism, shared values and a shared vision of the direction of NHS reform;
   iii) believes that market driven NHS reforms will undermine the doctor patient
relationship and medical professionalism, and are therefore incompatible with creating the shared vision necessary for truly effective clinical leadership and successful reform; iv) believes the current NHS reforms are doomed to fail because the relationship between this government and the medical profession is broken.

11 Motion by N IRELAND (EASTERN) DIVISION: That this Meeting believes that greater improvements in healthcare would be possible if attention was paid to examining how doctors are able to work around the health system to provide excellence of care and then sharing this knowledge to other doctors so that they can be enabled to enhance the care that they provide.

* 12 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EAST MIDLANDS REGIONAL COUNCIL): That this Meeting insists that, in the wake of the Francis report, any statutory duty of candour is placed on organisations rather than individuals.

12a Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting insists that, in the wake of the Francis report, the duty of candour on clinicians is mirrored by a duty of action by their relevant employing or contracting organisations.

12b Motion by HOLLAND DIVISION: That this Meeting believes that duty of candour for clinicians should be matched by duty of action by management.

12c Motion by LONDON REGIONAL COUNCIL: That this Meeting:- i) fully supports a duty of candour; ii) demands that the BMA campaigns for the institution of an independent organisation to which whistleblowers can report their concerns independently of their employers.

12d Motion by TOWER HAMLETS DIVISION: That this Meeting:- i) believes that all NHS staff have a duty to report issues of concern and that they can be discouraged from doing so by fear of bullying from their management; ii) demands that an investigative organisation should be set up to which whistleblowers are able to report their concerns independently of their employer.

12e Motion by SOUTH WEST LONDON DIVISION: That this Meeting is still unhappy about the fact that doctors who have raised concerns about the care of patients are still being pilloried and placed on "gardening leave". The BMA, therefore supports the proposed changes to the Health and Social Care Bill which places a duty of candour on organisations and not on individuals.

* 13 Motion by LINCOLN DIVISION: That this Meeting:- i) deplores the culture of fear created among health professionals by CQC inspection teams, who can appear to be driven by a desire to uncover shortcomings even where none exist; ii) demands that CQC inspection teams always include professional members with experience relevant to the service or premises being inspected.
13a **Motion** by KESTEVEN DIVISION: That this Meeting argues that many and frequent hospital inspections and reviews including CQC have created too much paper work, bureaucracy and a fear culture diverting resources and clinicians' time away from patient care.

13b **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting demands that CQC obtains a sense of perspective and proportion in its dealings with primary and secondary care and ceases its mindless officious box ticking approach and mandates the BMA to make representations to governments.

13c **Motion** by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that the CQC's new acute hospital inspection model where inspection teams will always look at the same eight specified services is to the potential detriment of services which are not on CQC's targeted services such as elderly rehab.

*The motion(s) below, in the shaded area, are unlikely to be reached*

14 **Motion** by OXFORD DIVISION: That this Meeting insists that all hospital trusts should be made to fully consult with Medical Staff Committees and particularly any complaints re patient care and other matters. If this advice is not taken, then the trust administrations should accept legal responsibility for any problems caused.

15 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting requests that the BMA should petition the national governments to:-
   i) establish a regulator for all NHS managers who are not already accountable to national regulators;
   ii) registration with this regulator should be by subscription paid for by the said managers;
   iii) this regulator should take complaints from the public and referrals from public bodies, investigate, manage and sanction all NHS managers if found to have failed to maintain the standards of the said body;
   iv) if managers under this body are found to have failed to uphold the published standards of the regulator there should be sanctions on their practice, up to and including barring from further managerial position in healthcare provision in the NHS or private healthcare providers.

16 **Motion** by OXFORD DIVISION: That this Meeting believes that civil servants and other senior managers in the NHS should seriously consider their positions when failures such as at mid-Staffs occur, and particularly when ignoring medical advice.

17 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting is concerned that, despite the recommendations of the Francis Report, there is danger of "complaint fatigue" due to the current lack of feedback from NHS bodies to reporting clinicians, and calls on the UK governments to implement Trust mandatory reporting periods for Serious Untoward Incidents and Never Events, so that the reporting clinician is informed in writing, every 3 months, of the progress of the investigation.

18 **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting believes that 'Zero Harm' and 'Never Events' are nebulous concepts that just simply encourage more whistleblowing, and do not encourage learning behaviour amongst health professionals. We recommend that the BMA commissions a piece of work to review these.
19 Motion by OXFORD DIVISION: That this Meeting applauds the main aim of nurse training to the delivery of efficient and compassionate patient care, following the debacle noted in the Francis report.

20 Motion by ISLINGTON DIVISION: That this Meeting notes that one of the Francis recommendations which has not been implemented was the amalgamation of some of the functions of the Care Quality Commission and Monitor. We ask the BMA to call on the government to accept this recommendation.

21 Motion by LINCOLN DIVISION: That this Meeting deplores the lengthy delays in the investigation by health bodies of patient safety concerns raised by health professionals, and calls on health bodies to ensure that the systems for reporting their findings are timely and robust, and that the clinicians who originally raised the concerns are included in the distribution of the reports.

NATIONAL HEALTH SERVICE  Monday 10.45 - 11.55

22 Motion by LEWISHAM DIVISION: That this Meeting deplores the actions of the Secretary of State for Health in trying to legislate so that future Trust Special Administrators can make binding recommendations for trusts outside that to which they were appointed. This Meeting urges the BMA to continue to lobby against non-clinically driven service reconfiguration plans.

22a Motion by LEWISHAM LMC: That this Meeting:-
i) notes with concern the powers of trust special administrators (TSA) in dealing with failing trusts;
   ii) believes that proper account be taken of the impact of TSA decisions on the health economy of neighbouring boroughs;
   iii) requires that any TSA decisions are not implemented without express agreement of CCGs and other stakeholders in the areas affected.

22b Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting condemns the heavy handed use of Clause 118 legislation and ask what happened to the coalition mantra of 'no decision about me without me'.

22c Motion by OXFORD DIVISION: That this Meeting expresses grave concern at the process and outcomes of the Special Administration measures imposed on some NHS trusts.

22d Motion by NORTH & MID STAFFS DIVISION: That this Meeting proposes that the BMA campaigns to seek a formal review of the current Monitor "Statutory guidance for Trust Special Administrators appointed to NHS foundation Trusts" and the Department of Health’s "Statutory guidance for Trust Special Administrators appointed to NHS trusts" to ensure that proper process, clinical engagement and meaningful consultation takes place to protect those impacted and to consider the views of those with experience and knowledge of the local population.

22e Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting deplores the recent addition to the Health and Social Care Act authorising the Secretary of State for Health to be able to close a hospital with minimal public consultation.

22f Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting deplores the governments recent legislation allowing the Secretary of State for Health
(England) to unilaterally close hospitals without appropriate consultation.

22g **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) applauds the campaign to save Lewisham Hospital’s A&E and Maternity Services;
   ii) deplores the actions of the Secretary of State for Health in implementing Clause 119 to prevent such further legal challenge;
   iii) believes that the Secretary of State for health is determined to dismantle the NHS;
   iv) calls on the BMA to mount a campaign to repeal Clause 119.

22h **Motion** by ISLINGTON DIVISION: That this Meeting recalls Andrew Lansley’s statement of “no decision about you without you” and deprecates the reneging of that promise. We call on the BMA to lobby any incoming government to repeal section 119 of the care bill, which paves the way for the closure of hospitals without majority community support.

22i **Motion** by CITY & HACKNEY DIVISION: That this Meeting applauds the campaign to save Lewisham Hospital’s AE and Maternity Services. This Meeting deplores the actions of the Secretary of State for Health who has legislated to prevent the same legal technicality being used again by inserting Clause 119 into the H&SC Act. This will lead to closure of hospital departments or whole hospitals in the face of opposition from clinicians and patients, with decisions taken on financial and not clinical grounds, including closures due to servicing PFI debts. This Meeting calls on the removal of Clause 119 from the H&SC Act.

22j **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting is alarmed that the government pushed through Clause 119 of the new Care Bill, allowing the SoS for Health to decide to close any NHS hospital in a few months, on the advice of a Trust Special Administrator. This Meeting calls on the BMA to organise a campaign against mass hospital closures by:-
   i) informing its members of the implications to their jobs and their patients;
   ii) mobilising actions such as demonstrations and public meetings in collaboration with campaign groups and other unions as necessary;
   iii) considering industrial action, and or occupations as necessary to prevent closures;
   iv) working for a general strike to bring this government down as the only means to defend the NHS from destruction.

22k **Motion** by LONDON REGIONAL COUNCIL: That this Meeting is alarmed that the government pushed through Clause 119 of the new Care Bill allowing the SoS for Health to decide to close any NHS hospital on the advice of a Trust Special administrator. This Meeting calls on the BMA to take a stand against mass hospital closures by:-
   (i) mobilising its members to stop the hospital closures, through campaigns and joint actions with other unions and campaign groups;
   ii) that such a campaign would consider the role of occupations to keep hospitals running;
   iii) that such a campaign would consider working for a general strike to bring this government down, as the only means to defend the NHS from destruction.

22l **Motion** by TOWER HAMLETS DIVISION: That this Meeting:-
   i) applauds the Campaign to save Lewisham Hospital’s A&E and Maternity Services;
ii) deplores the actions of the Secretary of State for Health in implementing clause 119 to prevent other NHS trusts from using the same legal methods as Lewisham to prevent closure;

iii) calls for the repeal of clause 119.

22m **Motion** by SOMERSET LMC: That this Meeting, with regard to Section 119 of the Care Bill:-

i) is appalled at the implications in its contents not only allowing the Secretary of State for Health, with only token consultation, to close services in failing acute trusts, but also those in adjoining trusts;

ii) believes that this exposes as a sham the government's policy that reconfiguration of services should be clinically led and locally supported, and;

iii) believes that Andrew Lansley's promise to remove politicians from the day-to-day running of the NHS is dead.

22n **Motion** by SALISBURY DIVISION: That this Meeting asks the BMA to facilitate public consultation where services are threatened, if requested by BMA members.

22o **Motion** by SOUTH ESSEX DIVISION: That this Meeting requests the government for more closer consultations with the local NHS and health related organisations, before implementing any radical changes in the way the services are delivered for the local population.

* 23 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE ISLINGTON DIVISION): That this Meeting calls for the restoration of the statutory responsibilities of the Secretary of State for Health to secure and provide universal healthcare.

23a **Motion** by ISLINGTON DIVISION: That this Meeting opposes the removal of the duty of the Secretary of State to provide universal healthcare in the Health and Social Care act 2012. We call on the BMA to support David Owens’ bill to restore the legal duty of the Secretary of State to provide and secure a comprehensive health service.

23b **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting believes that the only way now to safeguard the needs of patients from countrywide threats to services is to reinstate the statutory duties of the Secretary of Health to secure and provide them through a repeal of the 2012 Health and Social Care Act.

23c **Motion** by RETIRED MEMBERS FORUM: That this Meeting requests that the BMA insists that the next government reinstates the original wording and responsibilities of the role of the Secretary of State for Health through Parliament at the first opportunity.

23d **Motion** by HOLLAND DIVISION: That this Meeting regrets the power enshrined in the role of Secretary of State for Health under the Health and Social Care Act.
Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE WELSH COUNCIL): That this Meeting:-
i) demands that employers should not make decisions on reconfiguration that worsen access to health and health inequalities;
ii) opposes financially driven service reconfiguration where clinical risk outweighs benefits.

Motion by WELSH COUNCIL: That this Meeting demands that employers should not make decisions on reconfiguration that worsen access to health and health inequalities.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
i) rejects the government perverse cure for increased demand on A&E by closing A&E departments;
ii) notes with dismay that closure of acute hospitals will only make the current crisis worse while providing increased incomes for private health care providers;
iii) calls on the BMA to actively oppose any hospital reconfiguration or closure which is not consistent with Lord Darzi’s five essential principles for hospital reconfiguration.

Motion by OXFORD DIVISION: That this Meeting expresses concern in some of the implementations of the Health and Social Care Act particularly where healthcare inequalities are resulting, with detrimental effects on education, training and patient care in England.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting notes the DH calls for a massive reduction in cardiac and transplant centres. The whole of Staffordshire’s Cancer Services have gone out to tender. This Meeting recognises that proposals such as these represent the biggest attack on consultant led specialist care in 66 years and demands the BMA launch a vigorous campaign against it.

Motion by LEWISHAM DIVISION: That this Meeting demands the BMA oppose centralisation of specialist services unless there is robust evidence that it improves outcomes for those receiving the service, and does not harm care for other patients.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
i) notes that the DH has called for a massive reduction in cardiac and transplant centres and is putting all Stafford’s cancer services out to tender;
ii) believes that Specialist Services are being prepared for a massive reduction and outsourcing;
iii) believes that this is the biggest attack on consultant led specialist care in 66 years;
iv) demands the BMA launch a vigorous campaign these reductions.

Motion by OXFORD DIVISION: That this Meeting expresses grave concern at the number of recent hospital service reconfigurations that appear to have be driven purely by financial targets thus placing at risk the provision of high quality NHS patient care.

Motion by OXFORD DIVISION: That this Meeting expresses grave concern at the number of recent hospital service reconfigurations that appear to be driven purely by financial targets, thus risking the provision of high quality patient care.

Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that the
centralisation of some specialist services is financially driven and opposes all such reconfigurations.

24j **Motion** by TOWER HAMLETS DIVISION: That this Meeting believes that the centralisation of some specialist services is financially driven and opposes financially driven service reconfigurations, for which the clinical risks outweigh benefits.

24k **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting notes the Government plans to close 60 district general hospitals nationally. Methods of attack include: underfunding, closing the A&E, TSA failure regimes, hospital inspectorates, and penalties for lack of ‘7 day working’. This Meeting states its total opposition to this assault and calls on the BMA to set up a special campaign to keep our DGHs open. This should consider all means of struggle including producing information to physical actions, such as occupations and industrial action, and collaboration with campaign groups, other unions and the TUC.

24l **Motion** by LONDON REGIONAL COUNCIL: That this Meeting notes that the government has plans to close approximately 60 DGHs nationally. This Meeting:-
   i) believes that measures employed to facilitate these closures include: underfunding; closing the A&E; TSA failure regimes; hospitals inspectorates, and penalties for lack of 7 day working;
   ii) states its total opposition to this assault;
   iii) calls on the BMA to immediately set up a special campaign to keep our DGHs open;
   iv) agrees that this campaign should consider all means, from dissemination of information to physical actions, such as industrial action and occupations;
   v) agrees that the BMA campaign should consider collaboration with local campaign groups, other unions and the TUC.

24m **Motion** by TOWER HAMLETS DIVISION: That this Meeting welcomes the publication of the People’s Inquiry report “London’s NHS at the Crossroads” and:-
   i) supports the report’s eighteen point plan to save London’s NHS;
   ii) pledges that the BMA will join with Unite and other unions to campaign to protect London’s hospitals from non evidence based closures”.

24n **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting notes that London is facing the closure or run-down of at least Ealing, Charing Cross, Chase Farm, King George, St Heliers, Whittington, Newham and Whipps Cross hospitals through removing the A&Es. Yet London’s hospitals are working at >85% capacity. This Meeting calls on the BMA to lead the fight to keep such hospitals open. The BMA must set up a special working party to engage in this fight and involve the members.

24o **Motion** by LONDON REGIONAL COUNCIL: That this Meeting believes that London is potentially facing the down grading of the Accident and Emergency Departments of at least Ealing, Charing Cross, Chase Farm, King George, St Heliers, Whittington, Newham and Whipps Cross hospitals. Yet London’s hospitals are working at danger levels of greater than 85% capacity. This Meeting calls on the BMA to:-
   i) lead the fight to keep these hospitals open;
   ii) set up a special working party to engage in this fight and involve the members.
* 25  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): That this Meeting believes that at a time of austerity, the finite NHS budget must be used for the greatest good, for maximal health gain, and based on clinical need and not financial targets.

25a  **Motion** by EDGWARE & HENDON DIVISION: That this Meeting believes that at a time of austerity, the finite NHS budget must be used for the greatest good, for maximal health gain, and based on clinical need. Use of scant resources for political imperatives or expediency is both unethical and irresponsible.

25b  **Motion** by OXFORD DIVISION: That this Meeting believes that all medical work should be based on medical need and not financial targets.

25c  **Motion** by BRISTOL DIVISION: That this Meeting notes that austerity measures are having the greatest impact on the most vulnerable in society. We call on the BMA to campaign to protect services for children, where the long-term consequences will be felt for generations.

25d  **Motion** by N IRELAND (EASTERN) DIVISION: That this Meeting calls on government to recognise that improvements in healthcare for the population will not be made by continual spending of large sums of money on the latest and greatest healthcare advances on a relatively small number of patients but rather by seeking to ensure that the vast majority of patients consistently receive more simple common treatments (eg early antibiotics in sepsis) for their common illnesses.

* 26  **Motion** by EASTERN REGIONAL COUNCIL: That this Meeting vigorously opposes the NICE suggestion that licensed medicines that are expensive should not be prescribed for elderly patients because their likely contribution to society would inevitably be less than younger patients who would live longer after their successful treatment.

26a  **Motion** by SUFFOLK DIVISION: That this Meeting vigorously opposes the Department of Health suggestion that expensive licensed medicines should not be prescribed for elderly patients because their likely contribution to society would inevitably be less than younger patients who would live longer after their successful treatment.

26b  **Motion** by N IRELAND (WESTERN) DIVISION: That this Meeting believes that a statement from the Chairman of NICE, suggesting that age can be a useful parameter to use, when deciding who should receive treatment is ageism, and should be resisted.

26c  **Motion** by RETIRED MEMBERS FORUM: That this Meeting strongly deplores the quoted policy of NICE that saving the lives of the elderly is less valuable to society than saving younger people and instructs Council to pursue a non-discriminatory policy in this regards.
Motion by ISLINGTON DIVISION: That this Meeting notes with concern the proposal for Commissioning Support Units to become separate entities in 2016 and call for any support functions for Clinical Commissioning Groups to remain in the NHS.

Motion by EDGWARE & HENDON DIVISION: That this Meeting opposes government proposals for commissioning support units in England being put out to tender outside the NHS by 2016, and requires that core commissioning support should be retained within the NHS and accountable to CCGs and their populations.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes Commissioning Support Units should be abolished and opposes their intended privatisation.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting is alarmed that the government has approached private companies and equity, to get involved with the 17 CSUs (Commissioning Support Units) in a new framework. This will allow private corporations to dictate how CCGs spend billions of NHS commissioning money. This Meeting demands BMA Council:-

i) publicly denounce the privatisation of commissioning and;
ii) mobilise joint action with other unions to reverse the H&SCAct.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-

i) is alarmed that the government has approached private companies and equity to get involved with the 17 Commissioning Support Units in a new framework;
ii) believes that this will allow private corporations to affect how CCGs spend billions of NHS commissioning money and influence re-design in the direction of private providers;
iii) demands BMA Council publicly denounce the privatisation of commissioning;
iv) demands BMA Council mobilises joint action with other unions to reverse the Health and Social Care Act.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CITY & HACKNEY DIVISION): That this Meeting recognises the NHS Act confers responsibilities on CCGs to promote patient involvement and choice and:-

i) believes these responsibilities take precedence over the NHS Procurement, Patient Choice and Competition (2) Regulations 2013;
ii) instructs the BMA to publicly and privately lobby for the requirement for competitive tendering to be withdrawn from Regulations applying to the NHS.

Motion by CITY & HACKNEY DIVISION: That this Meeting demands that the government makes it clear that CCGs legal duties to "promote the involvement of patients and their carers in decisions made about healthcare services" (section 14U of the NHS Act 2006) and to "act with a view to enabling patients to make choices with respect to aspects of healthcare services provided to them" (section 14V of the 2006 Act) conflicts with and therefore takes precedence over the NHS Procurement, Patient Choice and Competition (2) Regulations 2013. in all relevant cases.

Motion by LONDON REGIONAL COUNCIL: That this Meeting demands that the DoH makes it clear that CCGs legal duties to:-
promote the involvement of patients and their carers in decisions made about health care services” (section 14U of the NHS Act 2006);
ii) act with a view to enabling patients to make choices with respect to aspects of healthcare services provided to them” (section 14V of the 2006 Act).
iii) overrides the NHS Procurement, Patient Choice and Competition (2) Regulations 2013 in all relevant cases.

28c **Motion** by CITY & HACKNEY DIVISION: This ARM recognises there is substantial professional and political opinion that CCQs should not be legally obliged to put every service to be commissioned out to competitive tender. This Meeting instructs the BMA:-
i) to monitor CCQ’s commissioning proposals and obtain evidence for those services that are put out to tender against local wishes;
ii) support those CCQs who face challenges for not putting services out to tender because they think this would not be in the interests of patients and the need to improve services;
iii) publicly and privately lobby for this requirement to be withdrawn from the regulations of the Health and Social Care Act.

The motion(s) below, in the shaded area, are unlikely to be reached

29 **Motion** by TOWER HAMLETS DIVISION: That this Meeting notes the crippling fines imposed on trusts for failing to meet waiting time targets. This Meeting:-
i) believes that this further de-stabilises already fragile health economies;
ii) demands that fines should not be used as a punitive tool against NHS trusts which do not meet targets.

30 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
i) notes the crippling fines imposed on NHS trusts for failing to meet targets and believes this de-stabilises already fragile health economies;
ii) demands that such fines should not be used as a punitive tool for NHS trusts that do not meet targets.

31 **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting calls on the BMA to oppose the centralisation and privatisation of hospital path labs.

32 **Motion** by TOWER HAMLETS DIVISION: That this Meeting notes the rush to centralisation and privatisation of path labs. This Meeting calls on the BMA to oppose these developments and to champion the effective current system of hospital path labs more which have served us so well.

33 **Motion** by TOWER HAMLETS DIVISION: That this Meeting notes the continuing creeping privatisation within the NHS, and:-
i) further notes a current example being the privatisation of pharmacies in NHS hospitals to retail providers who do not pay VAT;
ii) believes that provision of services by private providers within the NHS leads to fragmented health care and is not cost effective;
iii) calls for pharmacy services provided within the NHS to be publicly provided.

34 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
i) notes the continuing creeping privatisation of the NHS, a current example is the privatisation of hospital pharmacies by retail providers who do not pay VAT;
ii) calls for all pharmacy services within the NHS to be publicly provided.

35 **Motion** by AVON LMC: That this Meeting believes privatising the NHS could be a powerful tool in improving quality, accountability and patient care in the
current austere and over-managed NHS.

**Motion** by ISLINGTON DIVISION: That this Meeting notes that the UK has one of the lowest ratios of hospital beds to head of population in Europe. This Meeting is alarmed at the ongoing reduction in the number of beds and notes that many problems arise as a direct consequence of bed losses e.g. waiting times in A&E and the rise in hospital acquired infections. We deplore that some trusts are closing beds and call on the BMA to lobby to increase the number of hospital beds available.

**Motion** by RETIRED MEMBERS FORUM: That this Meeting is aware that the King’s Fund has stated that the UK has the lowest ratio of hospital beds per head of population in EU countries and asks the BMA to demand that the government increase hospital beds until they at least attain the EU average.

**Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting notes that 52% of hospital beds have been cut in the last 25 years in England. This Meeting calls on the BMA to call a halt to bed closures.

**Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting believes that the Health and Social Care Act will go down in history as one of the most disastrous pieces of English legislation in living memory.

**Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting calls on the BMA to publicly acknowledge doctors taking a principled stand against the government’s top-down re-organisation of the NHS and respects their decision to stand as prospective parliamentary candidates against the main proponents and architects of the Health and Social Care Act.

**Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting has no confidence in Jeremy Hunt as English Secretary of State for Health.

**Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting calls on the BMA to survey all its English members in autumn 2014 asking what their views are on the English NHS, the implications of the Health and Social Care Act and whether doctors and GPs are able to fully influence local commissioning decision.

**Motion** by BRISTOL DIVISION: That this Meeting, following the damage caused by the last reorganisation of the National Health Service, asks all parties to place a commitment to refrain from major reorganisation in their manifestos.

**Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting calls on the next government not to pursue health policies for which it has no mandate.

**Motion** by BRISTOL DIVISION: That this Meeting notes the catastrophic damage caused by the last reorganisation of the NHS and asks all parties to place a commitment to refrain from major reorganisation in their manifestos.

**Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that clinical commissioning groups are being used to ration care, produce service reconfiguration and to privatise the health service. This Meeting calls on the General Practice Committee to ballot GPs about withdrawing from clinical commissioning groups.
Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting would like HPERU to do an in-depth analysis of the effectiveness of CCGs.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting is appalled by the fact that the 75 Clinical Reference Groups (CRGs) advising NHS England on specialised commissioning are unfunded, and calls on the BMA to demand that NHS England provides funding for administrative support of CRGs, re-imbursement of hospitals for loss of clinical time, and travel expenses for CRG members.

Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting is disappointed that the CCGs that have been established do not have a majority of GPs on the board as it was originally intended and in effect have become remodelled PCTs.

Motion by TOWER HAMLETS DIVISION: This Meeting deplores the government's approach to 'naming and shaming' clinical commissioning groups for poor performance on rates of dementia diagnosis. We believe this is leading to commissioners putting undue pressure on general practitioners to make more diagnoses of dementia without due consideration to the potential harm this will have on the patient, and on the doctor-patient relationship.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting proposes that commissioning group members should not have any financial benefit or interest from the providers of the service that they are commissioning that this should be monitored.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting urges the Secretary of State to issue a clear mandate to all the Clinical Commissioning Groups (CCGs) in the UK and their supporting units in the NHS England that: i) GPs in each locality, willing to set up Collaborative Medical Services entirely owned and run by themselves collectively as joint share holders in the Company to provide out-of-hours care to their local patients, should be exempted from competition laws under Section-75, and protected from external commercial providers mainly driven by profit motivation rather than service to meet the needs of the local population; ii) collaborative Medical Services should be properly funded by the CCGs to reward those local GPs willing to offer their services voluntarily on days or nights that suit their individual circumstances. The Secretary of State should recognise that patients will have greater faith in the services provided by the local GPs rather than doctors brought from outside the area by commercial organisations. Local doctors know the local needs of their patients best.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:- i) believes that clinical commissioning groups are being used to ration care, produce service reconfiguration and to privatisate the health service; ii) calls upon the General Practice Committee to ballot all GPs about withdrawing from clinical commissioning groups.

Motion by EDGWARE & HENDON DIVISION: That this Meeting believes that the implementation of NHS 111 has been a disaster and calls upon i) a revamp of call handling which should be clinically led rather than the current situation of being led by non-clinicians via algorithms; ii) abandoning NHS 111 as a stand-alone service into one that is integrated
within an urgent care pathway including GP out of hours providers and urgent care services;
iii) providing GP surgeries with meaningful clinical information of NHS 111 contacts with patients, rather than the current transcripts of irrelevant negative findings.

55 **Motion** by SOUTHWARK LMC: That this Meeting calls for NHSE to launch a patient awareness campaign to discourage patients from attending A&E for minor conditions.

56 **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting recognises that increased pressure on emergency departments is caused by a range of complex issues and:-
   i) believes the current staffing and recruitment problem in emergency departments is adding to this crisis;
   ii) believes increasing demand, particularly amongst frail and elderly patients, is causing gridlock elsewhere in the system;
   iii) believes the flawed introduction of NHS 111 has further added to the pressure;
   iv) demands Council ensures it is recognised by politicians and public alike that there is no evidence to support the contention the increased demands result solely from the changes in 2004 to the way GP out of hours services are arranged.

57 **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting condemns the widespread use by the NHS of large multinational management consultancies in ‘advising’ the NHS and asks the NHS to set up its own in house expert advisory group able to troubleshoot problems around the country.

58 **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting, in an NHS which is defined by delivery free at the point of need, believes:-
   i) there is now a serious erosion of this founding principle with need being replaced by want;
   ii) that want at the point of delivery is placing the health service now under very significant strain;
   iii) politicians and the public must address the problem of unfettered want which is undermining the service.

59 **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting notes that we are living in an age of austerity with the NHS and NHS workers subject to funding reductions and real terms income cuts and:-
   i) believes that government must do more to reduce the relentless demands for NHS services that sometimes reflect wants a great deal more than needs and so;
   ii) mandates the BMA to present positive suggestions to government to help manage these demands better for the benefit of the Service and all patients.

60 **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting proposes that in the interest of medical ethics and patient choice, health economy related pathways and guidelines should be removed from the NHS and the NHS should become transparent in providing itemised bills to patients about their treatments.

61 **Motion** by SALISBURY DIVISION: That this Meeting proposes a new patient information service which includes a notional bill for things that might include
the cost of non-attendances or certain interventions or medicines.

62 **Motion** by SALISBURY DIVISION: That this Meeting believes that patient text reminders should include the cost to the NHS of non-attendance at short notice.

63 **Motion** by BRISTOL DIVISION: That this Meeting is concerned about the waste of prescribed medication and requests the Department of Health to take steps to ensure that GP, hospital and community pharmacy IT systems are developed to automatically highlight the cost of expensive medicines to prescription forms and patient medicine labels.

64 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting condemns the inconsistency of approach between Area Teams and believes this shows a lack of leadership by NHS England.

65 **Motion** by WALTHAM FOREST DIVISION: That this Meeting is alarmed that the government’s direction of travel is towards further NHS bureaucracy whilst applying cutbacks, and rejects this as being unacceptable in a time of financial restrictions.

66 **Motion** by OXFORD DIVISION: That this Meeting encourages that all NHS managers should undertake courses in hazard /risk assessments and the statistical analysis required in the interests of health and safety, care of patients and the avoidance of harm or damage to patients.

67 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that the current arrangement for job-planning in AcuteTrusts disincentivises doctors from offering eligible patients the opportunity to enrol in clinical trials and calls upon the BMA to negotiate for additional resources.

68 **Motion** by ISLINGTON DIVISION: That this Meeting notes the formation of the National Health Action Party, a new political party to defend the NHS and its values with a remit to fight for a publically funded NHS. We call on the BMA to lend support to candidates.

69 **Motion** by BIRMINGHAM DIVISION: That this Meeting insists that all children resident in the UK should have equitable access to free healthcare, including preventive care.

70 **Motion** by SALISBURY DIVISION: That this Meeting believes that District Hospitals are a cornerstone of the NHS and:-
   i) insists that in order to provide emergency services, elective services need to be commissioned there;
   ii) insists elective services should be provided based on the quality of the service delivered and outcome measures;
   iii) requests the BMA pursue commissioning of services is moved from an arbitrary threshold to a public consultation prior to any decommissioning.

71 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting, with respect to Ambulance Service quality standards:-
   i) notes the findings of the Nuffield Trust Report into Emergency Care which highlighted the increasing distances travelled by patients living in rural areas to receive emergency care;
   ii) notes the ongoing failure of some Ambulance Trusts to meet quality standards;
   iii) calls on Council to lobby governments to address this looming crisis in
Emergency Care.

72 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting urges the government to ensure adequate ambulance services are in place to appropriately transfer acutely ill or critically ill emergencies to appropriate hospitals from primary care services including GP surgeries, OOH services and Urgent Care Centres.

73 **Motion** by WEST PENNINE LMC: That this Meeting would like to raise objection to the price difference between tablets and their liquid formulations disadvantaging patients with swallowing difficulties.

74 **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting believes in any advisory committee of NICE, when guidance on any drug is issued, it must be made clear that none of the members must have a financial interest in pharmaceutical companies which manufacture the drugs.

75 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that whilst the NHS takes responsibility for supplying gluten-free foods to patients with diagnosed coeliac disease then this would be better done by voucher than by doctors prescribing.

76 **Motion** by RETIRED MEMBERS FORUM: That this Meeting is aware that patients in reduced circumstances are rationing their own healthcare because of the cost of prescriptions and calls on the BMA to advocate that prescription charges be abolished.

77 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting deplores the referral management system where hospital secretaries are asking patients on the waiting lists to contact their GPs for expediting letters when the responsibility for appointments should be with the consultants.

78 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting deplores the steady rise in waiting times for hospital appointments and increasing numbers of patients who are breaching the referral to treatment times.

79 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting urges the Secretary of State for Health to ensure that patients undergoing cosmetic surgery have a full understanding of the risks involved in the procedure and that consideration is given to the need for a preoperative psychological assessment.

80 **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting feels that in view of the deteriorating cancer outcomes in the UK we urge the government to look in to the quality of cancer care to improve standards and support related services.

81 **Motion** by TOWER HAMLETS DIVISION: That this Meeting calls on the BMA to give official backing to the march for the NHS which is planned to take place from Jarrow to London between 16.8.14 and 6.9.14, and to publicise it to its members.

82 **Motion** by WALTHAM FOREST DIVISION: That this Meeting believes that the notion of patient choice extolled frequently by the governments does not seem to offer actual choices desired by patients, and insists that they must work with
genuinely representative patient bodies and with the BMA to identify more accurately genuine issues raised by patients.

83 **Motion** by BRISTOL DIVISION: That this Meeting believes the NHS is not a football and asks that the reds and blues stop kicking it.

84 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting is dismayed that government ministers continue unfairly to denigrate the NHS and its workforce and calls upon them to desist.

85 **Motion** by SALISBURY DIVISION: That this Meeting calls upon the government to implement the National Spinal Task Force’s report on the delivery of spinal services.

86 **Motion** by SALISBURY DIVISION: That this Meeting regrets the UK government’s feeble response to the Keogh report as illustrated by the failure to implement the recommendation to make cosmetic fillers prescription only and calls on the government to reverse its decision.

87 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting notes the increasing use of management consultants advising the NHS and;
   i) calls on the DoH to make it mandatory for any advisor to the NHS, whether paid or not, to declare all potential conflict of interests;
   ii) demands that this practice stops and instead the money be invested in frontline staff.

88 **Motion** by ISLINGTON DIVISION: That this Meeting asks the BMA to investigate and publicise the number of private sector appointments into NHS bodies in advisory or managerial roles.

89 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:–
   i) thanks Sir David Nicholson for resigning;
   ii) rejects his assertion that the only way to improve healthcare for the nation is to have fewer healthcare organisations.

90 **Motion** by TOWER HAMLETS DIVISION: That this Meeting believes that the Secretary of State for Health is determined to dismantle the NHS.

91 **Motion** by LOTHIAN DIVISION: That this Meeting wishes patients to be treated in a timely manner but is not in favour of waiting time targets that override clinical priorities.

92 **Motion** by CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting recognises that from 1948 until the 1st April 2013 the term “the National Health Service” was the term used for the comprehensive health service established by the National Health Service Acts and that the terminology now used by government which distinguishes between the meaning of “the NHS” and “the health service” is confusing, open to abuse, and incompatible with the important role of public health.

93 **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting calls on the BMA to launch a non partisan ‘save the NHS’ campaign during the next general election period.

94 **Motion** by ISLINGTON DIVISION: That this Meeting notes that the majority of health problems do not require tertiary care and we call on the BMA to ensure
that the network of District General Hospitals is maintained.

95 Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting deplores the suggestion made by the Chairman of the Care Quality Commission who, estimating that failing hospitals will have risen to thirty by the end of 2004, recommends that these hospitals should be handed over to foreign management companies to improve their efficiency and therefore calls on the BMA to fight any such action.

96 Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) notes that the Chairman of the CQC has suggested that inspections could put 30 hospital trusts into “special measures” and that operators of private hospital chains could be invited in to run them;
   ii) believes that hospital inspections are to be used to privatisate the management of NHS hospitals along similar lines to Ofsted inspections in schools;
   iii) calls on the BMA to reject the fraud of inspections leading to private franchising.

97 Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting notes that the chairman of the CQC has said that if 30 acute hospitals are put into “special measures” by the new inspectors, they could be tendered out to private hospital chains. This means that inspections could be used to expedite the transfer of NHS hospitals and GPs to private franchise, along similar lines to Ofsted inspections. This Meeting calls on the BMA to reject the fraud of hospital and GP inspections.

98 Motion by EDGWARE & HENDON DIVISION: That this Meeting believes that it is vital that NHS England can behave as an independent body responsible for running the NHS free from political interference and the limits of electoral timescales.

A 99 Motion by NORTH WEST RSASC: That this Meeting exhorts the BMA to assert its pride in the NHS and promotes it as the preferred provider of healthcare services.

A 100 Motion by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting is dismayed that problems in the pharmaceutical supply chain put patient safety at risk and discredit the NHS and asks BMA Council to lobby for a more secure system.

The Market and Privatisation

Monday 11.55 - 12.25

* 101 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CAMBRIDGE, HUNTINGDON & ELY DIVISION): That this Meeting is dismayed that private providers have won the majority of tenders for services in the English NHS since the Health and Social Care Act came into force, and:-
   i) believes the market in healthcare has led to fragmentation and waste with adverse implications for patient safety, quality assurance and training;
   ii) calls for the repeal of competitive tendering legislation;
   iii) calls for a patient-focussed healthcare system based on collaboration, cooperation, transparency and accountability.

101a Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting deplores the effect that tendering services to private providers is having with regards to:-
i) the resulting fragmentation of the NHS;
ii) its effect on patient safety and quality assurance;
iii) the training implications for doctors;
and regrets the lack of information re consultation exercises organised by CCGs and requests the BMA to provide its members with the information as to where and when the local meetings are being held.

101b **Motion** by CONSULTANTS CONFERENCE: That this Meeting:-
i) is dismayed by the fact that private providers have won the majority of tenders for service since the Health and Social Care Act came into force in April 2013;
ii) condemns the huge amount of tax payer money flowing into the profits of these private companies, rather than being used for patient care;
iii) calls on the BMA to monitor the privatisation of the NHS and to bring it to public attention.

101c **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that the introduction of “the market” into the English NHS is a major source of waste as money diverted to cover the high costs of creating and maintaining markets which could have been spent on patient care and asks the BMA to campaign against this extravagant and uneconomic policy.

101d **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting:-
i) believes that the purchaser-provider split has been a 30 year mistake;
ii) calls on the next government to abolish the purchaser-provider split, and develop a healthcare system based on collaboration, co-operation, transparency and accountability, not competitive markets.

101e **Motion** by NORTHWEST REGIONAL COUNCIL: That this Meeting, while congratulating Simon Stevens on taking up the position of CEO of the English NHS, considers that his top priority should be to stop the increasing fragmentation of the NHS by abolishing commercialisation and privatisation.

101f **Motion** by MID MERSEY LMC: That this Meeting believes the systematic privatisation of the NHS in the name of cost efficiencies will result in a dismantling of the NHS infrastructure.

101g **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting deplores the consequences of marketisation of healthcare and calls for a return to co-operation and shared budgets for the benefits of patient care.

101h **Motion** by SHEFFIELD DIVISION: That this Meeting urges the BMA to campaign to end the purchaser/provider split in England and Northern Ireland and follow the models used in Scotland and Wales. This split mechanism for the allocation of resources impedes co-operation between hospitals, GPs and local councils.

101i **Motion** by BUCKINGHAMSHIRE DIVISION: That this Meeting believes that this and previous governments obsession with the United States health care model has a major contribution to the current crisis in the NHS and demands that the government accepts this.

101j **Motion** by EDGWARE & HENDON DIVISION: That this Meeting demands that government repeals competitive tendering legislation in the Act, so that:-
i) the stated aim for integration is achieved, and which is by definition thwarted by this legislation;
ii) CCGs are free to commission in the best interests of patients, as was promised before the passing of the Act, and without a compulsion to tender by default;
iii) scant NHS resources are used for frontline patient services rather than the bureaucracy of unnecessary tendering.

101k Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes that section 75 is now beginning to bite as shown by the tendering out of large contracts by CCGs in England and calls for the legislation to be repealed.

101l Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting notes that CCGs have put increasing numbers of contracts out to tender since the passage of section 75 of the H&SC Act. This shows that the Tory pledge that the NHS is not being privatised is untrue. This Meeting calls on the BMA to:-
i) confirm its policy that the H&SC Act should be reversed;
ii) work to unite with other unions to organise action to remove this government in favour of a government which will restore a publicly funded and provided NHS.

101m Motion by LONDON REGIONAL COUNCIL: That this Meeting notes that CCGs have put increasing numbers of contracts out to tender since the passage of section 75 of the Health and Social Care Act and that further large privatisations are proceeding in hospital, community, ambulance services, out of hours and specialist care.
This Meeting:-
i) believes that this demonstrates that the Tory pledge that the NHS is not being privatised is untrue;
ii) calls on the BMA to confirm its policy that the Health and Social Care Act should be reversed;
iii) calls on the BMA to work to unite with other unions to organise action to remove this government in favour of a government which will restore a publicly funded and provided NHS.

* 102 Motion by TOWER HAMLETS DIVISION: That this Meeting notes that negotiations continue regarding the Transatlantic Trade and Investment Partnership and:-
i) believes that the signing of such a treaty will tip the balance of power further towards private corporations and away from the public sector;
ii) demands that the NHS is exempted from any such treaty.

102a Motion by CITY & HACKNEY DIVISION: This Meeting notes that the Transatlantic Trade and Investment Partnership (TTIP) treaty which is currently before the European Parliament could irreversibly open the floodgates for private healthcare providers to have access to the NHS, enforced by legally binding international trade law. Although the chair of council was told last year by the then Minister of Trade & Investment, Lord Green, that the NHS would be protected from this treaty, no such guarantee has been formally given by the UK government. This Meeting demands that the BMA give higher priority to calls for the guaranteed exemption of the NHS, including current outsourced and ancillary services, from TTIP. The BMA must work to ensure that ISDS (Investor State Dispute Settlement) cannot be misused to attack the NHS.

102b Motion by ISLINGTON DIVISION: That this Meeting notes the Trade and
Investment Partnership (TTIP) treaty, which is currently before the European Parliament, threatens to irreversibly facilitate private healthcare providers having access to the NHS, enforced by legally binding international trade law. We demand the BMA fights vigorously for exemption for the NHS from the TTIP.

102c **Motion** by LEWISHAM DIVISION: That this Meeting opposes the inclusion of health in the Transatlantic Trade and Investment Partnership, and urges the BMA to lobby against such inclusion.

102d **Motion** by RETIRED MEMBERS FORUM: That this Meeting believes that healthcare in the NHS should be exempt from the Transatlantic Trade Investment Partnership (TTIP) for, when this agreement becomes law, it will allow private health companies to obtain legal protection for their potential profits regardless of their patient care performance and calls on the BMA to oppose passing of this law vigorously.

102e **Motion** by SOUTH WEST LONDON DIVISION: That this Meeting has grave concerns about the Transatlantic Trade and Investment Partnership Treaty, which would allow large corporations to subvert our national laws and rights resulting in all public services being opened up to tender. This would leave the NHS at severe risk of being disbanded. Therefore the BMA calls upon the Department of Business, Innovation and Skills to exclude the NHS and health services from this TTIP treaty.

102f **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting rejects the current apparent movement of the UK government towards the extensive marketisation, privatisation and fragmentation of health and social care services and asks the BMA to demand that the UK government negotiate the exemption of health and social care services from the Transatlantic Trade and Investment Partnership (TTIP).

102g **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:—

i) notes that negotiations continue with regard to the Transatlantic Trade and Investment Partnership;

ii) demands that government makes it a redline not to be crossed that provision of healthcare in the UK remains exempt from any such treaty.

* 103 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CITY AND HACKNEY DIVISION): That this Meeting:—

i) demands that all providers of medical services, including private and third sector providers, are subject to the Freedom of Information Act;

ii) deplores any providers of NHS-commissioned services avoiding full scrutiny by claiming commercial confidentiality.

103a **Motion** by CITY & HACKNEY DIVISION: That this Meeting calls on the BMA to demand that all providers of medical services, including private and third sector providers, are subject to the Freedom of Information Act. Any organisation, whether for profit or not, is not allowed to hide any requests for disclosure of information behind "commercial confidentiality". This Meeting deplores private companies who have been awarded NHS contracts misrepresenting their performance and avoiding full scrutiny by claiming commercial confidentiality.

103b **Motion** by ISLINGTON DIVISION: That this Meeting deplores that any
commercial organisation, whether for profit or not, is not allowed to hide any requests for disclosure of information behind "commercial confidentiality". Private companies are able to use commercial confidentiality to avoid scrutiny of their work when signing public sector contracts. We call upon the BMA to strenuously lobby government to implement the policy that there should be no commercial confidentiality for tax-funded contracts.

103c Motion by LONDON REGIONAL COUNCIL: That this Meeting demands that any commercial organisation operating within the NHS, whether for profit or not, is not allowed to hide any requests for disclosure of information behind "commercial confidentiality".

The motion(s) below, in the shaded area, are unlikely to be reached

104 Motion by SOUTH WEST LONDON DIVISION: That this Meeting is very worried that the NHS in England is being subjected to creeping privatisation which on the whole the general public is unaware of. Therefore the BMA should lobby NHS England not to allow private health companies to display the NHS Logo on vans and properties etc but to display which company is providing the service on behalf of the NHS.

105 Motion by CITY & HACKNEY DIVISION: That this Meeting recognises that the use of the NHS logo by private companies is misleading and mendacious, causing patients, doctors and the public to misconstrue private health services as provided by the NHS. This ARM calls on NHS Branding to compel private providers to remove the NHS logo from all their products, services and publicity materials.

106 Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes politicians wish to promote the general view that the NHS is failing in order to allow further rapid commercialisation of the English NHS.

107 Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting is of the opinion that the risk of fraud in the NHS increases with multiple private providers and suppliers, and urges the BMA to launch a campaign of public awareness to ensure that the reputation of the NHS is not tarnished.

108 Motion by RETIRED MEMBERS FORUM: That this Meeting asks the BMA to produce an analysis of the proportion of the NHS budget being spent on market transaction costs, how these might be reduced without effecting doctors ability to provide quality care and how these costs might compare to a directly managed system.

109 Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting insists that clinically appropriate reconfigurations are not obstructed by the interests of the private healthcare sector.

110 Motion by BRISTOL DIVISION: That this Meeting supports the development of entrepreneurial UK based healthcare companies to compete in the emerging European health services market.

111 Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) notes that George Elliot Hospital, Warwick is in financial difficulty and is likely to be the second hospital in England to be run by a private provider;
   ii) demands that all NHS trusts remain publicly run;
   iii) believes that any provider of publicly funded healthcare cannot be variously
owned by a parent company that is domiciled in an off-shore jurisdiction for tax efficiency reasons.

112 **Motion** by TOWER HAMLETS DIVISION: That this Meeting:-
   i) notes that George Eliot Hospital in Warwickshire is in financial difficulty and as a result is likely to become the second NHS hospital in England to be run by a private provider;
   ii) demands that all NHS trusts remain publicly run.

113 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting requires Council to promulgate the concept that other organisations' operational, organisational, financial or budgetary problems in delivery of patient services do not automatically become the problems of any single group of doctors.

A 114 **Motion** by ISLINGTON DIVISION: That this Meeting notes it is BMA policy to oppose privatisation of the NHS and to monitor whether NHS clinical contracts go to private companies. We call on the BMA to publish and publicise this information.

**Contingency time**

| Session closes | Monday 12.30 |
| Seven day services | Monday 14.00 - 14.20 |

* 115 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE BIRMINGHAM DIVISION): That this Meeting:-
   i) recognises that many doctors already provide seven day emergency services and insists that seven day urgent care must not be conflated with seven day access to routine services;
   ii) believes that delivery of both seven day routine and elective services is not feasible within the current NHS budget constraints leading to reduced clinical services Monday to Friday and/or closure of hospitals;
   iii) insists that provision of seven day healthcare requires investment in medical staff and supporting resources and not merely the reorganisation of services;
   iv) insists that any contract negotiations on seven day working must take account of infrastructure and support services, compensation for antisocial hours, and family friendly working.

115a **Motion** by BIRMINGHAM DIVISION: That this Meeting considers the provision of 24/7 high quality healthcare requires investment in staff and not merely the reorganisation of services.

115b **Motion** by EDGWARE & HENDON DIVISION: That this Meeting supports the BMA's position promoting consistent quality urgent care services in hospitals seven days a week, and:-
   i) believes that this must not be conflated with seven day access to routine services which is a luxury that the NHS cannot presently afford;
   ii) instructs the BMA to engage the expertise of a health economist in analysing the cost implications of extending NHS services towards a seven day working model.

115c **Motion** by SOLIHULL DIVISION: That this Meeting believes that seven day working is essential for safer emergency care. It declares that the BMA Council should campaign for recognition of the resources required to provide such care. The campaign should highlight the impact that seven day work, in the absence
of new resources, can have on routine five day working and continuity of care.

115d **Motion** by BIRMINGHAM DIVISION: That this Meeting, in considering 24/7 working, requires that terms and conditions of service for doctors include:
   i) family friendly working patterns;
   ii) access to child care facilities;
   iii) support for carer responsibilities;
   iv) financial recognition for antisocial working hours.

115e **Motion** by WEST BERKSHIRE DIVISION: That this Meeting demands that the government recognises many consultants provide 24/7 services.

115f **Motion** by EDGWARE & HENDON DIVISION: That this Meeting reaffirms that UK General Practice offers a 24 hours a day, 365 days a year service and:
   i) deplores the insulting misportrayal of GPs as providing a 9-5 weekday service;
   ii) believes that the split between GP contractual hours and urgent GP access out of hours to be appropriate given current workforce, workload and financial constraints;
   iii) calls for public awareness of the trade-offs of increasing consumerist access at the expense of other services and priorities;
   iv) rejects the simplistic mantra of arbitrary 8 a.m. – 8 p.m. opening hours seven days a week, believing this to be both unaffordable and inappropriate in the context of financial austerity;
   v) is supportive of ways in which practices can extend routine access in a meaningful, appropriate and flexible manner based upon need, and only if supported by adequate resources.

115g **Motion** by BUCKINGHAMSHIRE DIVISION: That this Meeting is aware of Sir. Bruce Keogh’s recommendation that routine as well as emergency care must be available 7 days a week and:
   i) wonders how this fits in with his public statement that he now devotes his weekends exclusively to his family and personal life and would be interested to learn why he does not believe his colleagues deserve the same choices;
   ii) believes requiring doctors to provide elective care in the evenings and at weekends will have serious adverse consequences for their health and personal life;
   iii) believes that 7 day routine and elective care is not feasible within the current NHS budget and will result in the closure of many more local hospitals.

115h **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting is concerned about the government proposed provision of high quality seven day service in NHS without genuine increases in funding, manpower and infrastructure. It should be made clear to the public and professionals as to how it is hoping to achieve this on the background of savings demanded from the trusts.

115i **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting, in the current and foreseeable economic climate with the huge financial pressure on the NHS, believes that insufficient resources could be freed up to deliver routine and elective services seven days a week.

115j **Motion** by OXFORD DIVISION: That this Meeting notes with pleasure the recent Department of Health’s call for increased seven-day working for hospital services and consultants but points out that this will require significant
investment with the expansion of consultant, junior doctor and supporting staff numbers and facilities to deliver such services.

115k **Motion** by LONDON REGIONAL COUNCIL: That this Meeting expects negotiations on the national consultant contract to acknowledge:-

i) that seven day working is already a reality for many consultants in acute specialties;

ii) that the restraints to seven day working lie in the financial reality of providing infrastructure and support services, which currently limit the effectiveness and clinical benefit of consultants working at weekends;

iii) that there has been a lack of realistic workforce planning and little consideration of recruitment and retention issues in the recent NHS publications regarding seven day working, which make the purported cost of such changes implausible.

115l **Motion** by CONSULTANTS CONFERENCE: That this Meeting expects negotiations on the national consultant contract to acknowledge:-

i) that seven day working is already a reality for many consultants in acute specialties;

ii) that the restraints to seven day working lie in the financial reality of providing infrastructure and support services, which currently limit the effectiveness and clinical benefit of consultants working at weekends;

iii) that there has been a lack of realistic workforce planning and little consideration of recruitment and retention issues in the recent NHS publications regarding seven day working, which make the purported cost of such changes implausible.

115m **Motion** by ISLINGTON DIVISION: That this Meeting notes that the calls for 7 day working ignore that there are existing out of hours and weekend rotas. 7 day working cannot be implemented without extra staff and money

115n **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting is seriously concerned about increased mortality statistics in NHS hospitals with the existing restricted services at weekends and demands that the Health Secretary allocates appropriate resources to enable hospitals to provide full seven day service.

115o **Motion** by SOUTH TYNESIDE DIVISION: That this Meeting is of opinion that 7 day working by consultant staff will not be productive and effective unless supportive services are also available.

115p **Motion** by EAST BERKSHIRE DIVISION: That this Meeting accepts that seven day working is an important factor in delivering high quality patient care, but questions if the current NHS budget can afford this. This Meeting calls upon the BMA to ensure that the consultant pay scale is maintained and anti-social hours are adequately compensated.

* 116 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE MEDICAL STUDENTS CONFERENCE): That this Meeting calls on the appropriate bodies to assess how seven day services will shape undergraduate and postgraduate education, research and workforce planning.
116a **Motion** by MEDICAL STUDENTS CONFERENCE: That this Meeting calls upon the Medical Student Committee and the Welfare and Education sub committees to assess how the consultant 7 day working week will shape medical student clinical education and decide whether policies need to be put in place to protect student welfare.

116b **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting supports the governments’ decision to increase the general practice training numbers but equally concerned that this is being done at the cost of speciality training numbers at a time when the government is promising consultant delivered seven day service. This change may have a negative impact on future secondary care recruitment leading to diminished quality of care.

116c **Motion** by UNIVERSITY OF GLASGOW: That this Meeting is concerned that clinical academics holding honorary NHS contracts, participating in any proposed 7 day-working in the NHS, will also be expected to perform full academic activities including teaching, research, examining and supervision for their academic employer during the ‘normal working week’, irrespective of their weekend clinical activity. This Meeting calls on the governments to ensure that clinical academics participating in 7 day-working in the NHS have appropriate distribution of timing of clinical commitments in order that they can fulfil their academic role.

Funding and finance  Monday 14.20 - 15.00

* 117 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CARDIFF & VALE OF GLAMORGAN DIVISION): That this Meeting calls for governments to introduce a fair NHS funding formula which recognises that predicted demographic changes will require additional investment. The formula should include:
  i) weighting for health inequalities and social deprivation;
  ii) reflection of the cost of providing services in rural areas;
  iii) full funding for interpretation and translation services;
  iv) sufficient resources to enable waiting lists to be reduced;
  v) an element of flexibility across the year to enable appropriate management of seasonal illness.

117a **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls for the government to introduce a fair funding formula to resource the NHS to cope with the growing population and increasing demand on the NHS.

117b **Motion** by BIRMINGHAM DIVISION: That this Meeting believes predicted demographic changes in the population means that current levels of care provided by the NHS cannot be maintained without additional investment.

117c **Motion** by SHEFFIELD DIVISION: That this Meeting urges the BMA to continue to put pressure on NHS England to increase the weighting given to social deprivation in an area, rather than age, in the formula for allocation of funds to the Clinical Commissioning Groups.

117d **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting believes that there needs to be fair and equitable distribution of funding based on local need and is concerned that in any funding formula, removing weighting for health inequalities:-
i) would have a seriously detrimental impact in many deprived areas;
ii) will damage patient care, particularly of vulnerable groups;
iii) could damage public health provision and lead to a more fragmented and bureaucratic NHS;
iv) would be at odds with the NHS Constitution’s pledge.

117e **Motion** by N IRELAND (EASTERN) DIVISION: That this Meeting believes that modern NHS healthcare is challenged by seasonal illnesses due to the limited resources available and therefore calls on government and employers to recognise that more flexible allocation of health resources (eg numbers of hospital beds) throughout the year is necessary so that capacity is more able to match patient demand.

117f **Motion** by BRENT LMC: That this Meeting recognises that in order to effect safe care an increasing number of patients require accompanying unrelated interpreters and calls upon NHSE to establish nationally mandated funding of interpreters and funding for the additional time required for consultations.

117g **Motion** by BEDFORDSHIRE LMC: That this Meeting calls on GPC to ensure full funding for translation and interpretation services which are equitable and practical for patients and practices in an increasingly diverse society.

117h **Motion** by HOLLAND DIVISION: That this Meeting believes that the allocation of NHS funding to rural areas does not reflect the true cost of service provision in such areas, and that the government should address this.

117i **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting condemns the restriction of essential surgery on the NHS such as cataract, joint, carpal-tunnel and hernia operations. We call for the BMA to demand the restoration of proper funding to bring waiting lists down.

* 118 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST REGIONAL COUNCIL): That this Meeting opposes the view that the NHS is unaffordable and:-
  i) highlights the return of billions of pounds to the Treasury from the English Department of Health in recent years;
  ii) believes that underspent resources are the result of service restrictions and funding cuts;
  iii) believes that hospital and primary care services are being pushed into deficit by the requirement for ongoing efficiency savings;
  iv) demands that underspent resources should be reinvested in the NHS;
  v) calls on the BMA to publicly call for an end to efficiency savings programmes and demand that future NHS funding increases in line with the clinical needs of the population.

118a **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting opposes the view by commentators and the media that the English NHS is unaffordable and wishes to highlight the fact that the NHS shows a year on year surplus with billions of pounds being returned to the Treasury from the Dept of Health in recent years.

118b **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting calls for the large English NHS annual surplus to be reinvested in employing more NHS staff.
118c Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting urges Simon Stevens to reverse the Nicholson challenge which is bringing the English NHS to its knees.

118d Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting is concerned by NHS England’s proposals to cut the Primary Care Support Services budget by £40 million and to privatise these services. It therefore demands that NHS England abandons these proposals and commits to protecting the current budget in full.

118e Motion by CITY & HACKNEY DIVISION: That this Meeting deplores that hospitals have been defined as in deficit at the same time as the DOH handed back a £2.2bn underspend to the Treasury last year. This Meeting calls on the government to review how funds are allocated and put any underspend back into front line clinical services.

118f Motion by ISLINGTON DIVISION: That this Meeting deplores that hospitals have been defined as in deficit at the same time as the DOH handed back a £2.2bn underspend to the Treasury last year. We call on the government to review how funds are allocated and put any underspend back into front line clinical services.

118g Motion by ISLINGTON DIVISION: That this Meeting believes the term ‘cash releasing efficiency savings’ is misleading. An ‘efficiency saving’ where the money saved is not reinvested in the service is actually a cut. Cuts should be called cuts and the BMA should publicise this.

118h Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting demands that the government stops abusing the term "efficiency savings" and start using the term "cuts".

118i Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting:-
   i) recognises that economic austerity is damaging to the public’s health;
   ii) believes that the on-going NHS efficiency savings (QIPP) programme will result in fewer services, rising waiting lists, a decline in the quality of patient care, and act as a stimulus to increasing privatisation of healthcare services in England, with resulting inefficiencies from high transaction costs and profiteering;
   iii) recognises the recent work by the IMF showing that increased government spending can increase economic growth, and other research evidence that shows increased health and education spending, in particular, can stimulate economic growth both in the short and long term;
   iv) calls on the BMA to publicly call for an end to the QIPP efficiency savings programme and demand that future NHS funding increases in line with the clinical needs of the population.

* 119 Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) notes the enormous burden of PFI debt that threatens to sink the NHS;
   ii) demands that government legislates to rescind all NHS PFI debt;
   iii) demands that government does not enter into any new PFI scheme.

119a Motion by TOWER HAMLETS DIVISION: That this Meeting notes that 48% of NHS trusts in England are forecasting a deficit in the 2013-14 and:-
   i) further notes that many of these NHS trusts are PFI hospitals;
ii) calls on the government to legislate to rescind all NHS PFI debt;
iii) demands that the government enter into no more PFI schemes.

119b Motion by RETIRED MEMBERS FORUM: That this Meeting that the debts resulting from the Private Finance Initiative (PFI) by hospitals in NHS England are unsustainable and calls on the BMA to demand that these debts are financed centrally.

119c Motion by CITY & HACKNEY DIVISION: That this Meeting:-
i) notes that 48% of NHS trusts in England are forecasting a deficit in the 2013-14 financial year;
ii) notes that many of these NHS trusts have PFI contracts;
iii) demands that the government legislates to take over these debts and end all PFI contracts.

119d Motion by ISLINGTON DIVISION: That this Meeting calls on the BMA to press the government to renegotiate PFI contracts centrally and pay the charges of PFI debts centrally, enabling district general hospitals to become financially solvent.

119e Motion by LEWISHAM DIVISION: That this Meeting calls on the government to rescind PFI debts.

120 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting reminds the government that the NHS is already funded by tax and national insurance and:-
i) rejects any proposal of a means tested monthly levy to pay for the NHS;
ii) rejects the proposals from the Commission on Health and Social Care that the way to pay for social care is to charge for either GP or hospital appointments;
iii) demands that the funding of long-term social care is resolved without jeopardising the principles of the NHS;
iv) reasserts our belief as doctors that universal healthcare must be free at the point of delivery and available to all regardless of an individual's ability to pay.

120a Motion by OXFORD DIVISION: That this Meeting believes that despite financial problems, this meeting believes that health care in the UK should still be delivered free of charge at the point of delivery.

120b Motion by TOWER HAMLETS DIVISION: That this Meeting totally rejects Lord Warner's proposed monthly "membership charge" for NHS users and any other such attempts to introduce new charges for NHS services.

The motion(s) below, in the shaded area, are unlikely to be reached

121 Motion by ISLINGTON DIVISION: That this Meeting demands that any profit made from the rental or sale of NHS property should be ring-fenced for reinvestment into NHS services.

122 Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting believes that with the requirement for the NHS to save £20billion in four years:-
i) the public must either accept rationing or look at other ways of funding health care;
ii) calls upon Council to research alternative ways of funding the financial gap
and report back before next year's ARM.

123 Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting believes that there is no longer the political will to fund a full, unrationed, National Health Service and therefore:-
   i) Council must be much more vocal and proactive in leading the rationing of health care debate;
   ii) alternative methods of funding national health care has to be debated.

124 Motion by LOTHIAN DIVISION: That this Meeting is concerned that the increasing demands and expectations placed on the NHS have not been matched by an adequate increase in resources, feels that it is now necessary to have a mature debate about whether the NHS can continue to deliver the same scope of services that have historically been provided, and calls on the BMA to initiate a debate with the relevant stakeholders.

125 Motion by SOLIHULL DIVISION: That this Meeting regrets the lack of informed public debate about healthcare funding. It calls upon the BMA Council to critically examine Government and Opposition healthcare policies in the run up to the general election. This should include an assessment of their proposals to narrow the gap between rising demand and static or falling public funding. The Meeting calls for Council to mount a campaign in marginal constituencies to inform the public of the BMA’s rigorous comparison of those policies.

126 Motion by BRISTOL DIVISION: That this Meeting believes that given the ever expanding and increasingly ageing population to the UK, many of whom have increasingly complex needs and demands, that the total provision of healthcare free at the point of delivery is no long sustainable.

127 Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting considers the care of seriously ill patients in the NHS is now so compromised by the ever increasing demands of patients seeking urgent attention, that sadly the time has come to consider charging patients for emergency appointments and A&E attendance.

128 Motion by LONDON REGIONAL COUNCIL: That this Meeting demands that all monies made from the rental or sale of NHS property is ring-fenced for healthcare.

129 Motion by CITY & HACKNEY DIVISION: That this Meeting demands that all monies made from the rental or sale of NHS property be ring-fenced for the healthcare budget. This Meeting calls on the BMA to actively campaign for all monies made from the sale of NHS assets by PropCo to be retained in the NHS.

130 Motion by TOWER HAMLETS DIVISION: That this Meeting believes that NHS treatment required for patients as a result of complications from privately provided surgery should have its costs pursued by the NHS from the responsible private provider.

131 Motion by BRISTOL DIVISION: That this Meeting recognises the increasing role of primary and community care and demands that NHS England extends payment by results to ensure that payment follows when work moves from one sector of the NHS to another.

132 Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting strongly
believes that unless the DH increases financial resources available to the Keogh 'Special Measures' hospitals, they will either disappear or remain an endangered species.

133 Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting is appalled that the government has started to charge non EU migrants for NHS care and believes this could be the thin end of the wedge. The Meeting proposes that in the event of charges being imposed on the population, the BMA should mobilise industrial action in the same way as the lawyers have over cuts to legal aid.

134 Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting asks the BMA to demand that the DH give:
   i) an explanation of why NHS trusts re-employed almost 2000 managers who were made redundant prior to last year’s reorganisation of the NHS;
   ii) and computes the cost of this manoeuvre.

135 Motion by TOWER HAMLETS DIVISION: That this Meeting notes the six figure sums paid out to management consultants to advise trusts in financial difficulty and;
   i) believes this to be an unnecessary and unacceptable expenditure within the NHS;
   ii) demands that this practice stops and the money is instead invested in front line staff.

136 Motion by LONDON REGIONAL COUNCIL: That this Meeting calls on the incoming government to introduce a 10% cap on the private earnings of NHS trusts.

137 Motion by OXFORD DIVISION: That this Meeting demands that the Department of Health urgently increases the payment by results tariffs for treating complex trauma and other patients needing above non-standard care.

Integrated care Monday 15.00 - 15.20

* 138 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE JUNIOR MEMBERS FORUM): That this Meeting recognises fragmented care is not in the best interests of patients and contributes to unnecessary pressure on front line services and:
   i) believes the BMA should proactively define and develop proposals for integrated models of care and resourcing systems;
   ii) believes any definition of integrated care should include in its scope both primary and secondary care;
   iii) believes any definition of integrated care should include social care within its scope.

138a Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises fragmented care is harmful to patients and contributes to unnecessary pressure on front line services. We call on the BMA to embrace integrated healthcare as the future of the NHS by:
   i) undertaking an information gathering exercise to determine and define what patients and doctors want from a model of integrated healthcare;
   ii) engaging and collaborating with relevant stakeholders in the construction of an integrated healthcare model;
   iii) exploring ways to aid doctors in sharing of good practice with regard to integrated healthcare.
138b Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting believes:-
   i) the BMA must proactively define integration and lead its development and implementation;
   ii) integration is best achieved not by incessant reorganisation but by creating stability across the NHS and local authorities;
   iii) that integrated care must become a priority.

138c Motion by EDGWARE & HENDON DIVISION: That this Meeting calls upon the BMA to develop proposals for alternative integrated models of care and payment systems that:-
   i) transcend the barriers between primary and secondary care;
   ii) are driven by the professionalism of doctors motivated by a common interest of maximising patient experience and outcomes and that this is promoted as part of the BMAs communications strategy prior to the general election.

138d Motion by BRISTOL DIVISION: That this Meeting believes that health and social care are so inextricably linked that they should be funded and delivered through a single mechanism.

138e Motion by BRISTOL DIVISION: That this Meeting believes that Health and Social Care are so inextricably linked that they should be funded through one mechanism.

138f Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting notes the difficulties currently faced in both primary and secondary care and acknowledges the increasing trend for us to work more in isolation. It calls upon the BMA to create a working group to look more closely at collaborative working to improve communication, understanding of the issues across the board and looking forward to more appropriate allocation of resources within the NHS.

138g Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting notes with alarm the pressures to reverse progress towards integration of health and social care. Good social care leads to better health outcomes and reduced pressure on health services such as services such as the availability of hospital beds. We call for a move to a single mechanism for both.

138h Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting believes:-
   i) that consideration should be given to designing tariffs to cover pathways of care that include identifiable social care consequences of a health condition;
   ii) part of the local authority budget could be transferred to CCGs to cover the eventualities of social care;
   iii) the NHS budget must not be used to prop up underfunded social care services.

138i Motion by GLASGOW LMC: That this Meeting supports closer working between GP and secondary care colleagues when designing clinical services and calls on governments to direct health boards to facilitate this.

* 139 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LONDON REGIONAL COUNCIL): That this Meeting believes that combining all sectors of care into Health Maintenance Organisation style bodies would harm patient care and should be actively resisted.
139a **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
i) opposes the current bandwagon for “integrated care”, in the context of
privatisation of the NHS:
ii) deplores the fact that social care is charged.

139b **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting believes
that the bandwagon for “integrated care” will:-
i) lead to the formation of US type Health Maintenance Organisations with
commissioning, primary and secondary care all ‘integrated’ in one private
company;
ii) lead to charges for healthcare as social care can be charged.
This Meeting calls on the BMA to expose and resist the current pressure for
“integrated care” within the privatisation model.

139c **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting rejects the
plans of the Future Hospital Commission, which spell the end of proper NHS
hospital care, substitute “integrated” hospital and primary care through “hubs”,
as amenable to the private sector.

139d **Motion** by LONDON REGIONAL COUNCIL: That this Meeting opposes the
plans of the Future Hospital Commission which proposes the end of proper
NHS hospital care and its substitution by “integrated” care as amenable to
private corporations.

**OCCUPATIONAL MEDICINE**

**Monday 15.20 - 15.40**

140 **Receive:** Report by the Chairman of the Occupational Medicine Committee
(Paul Nicholson).

141 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this Meeting
recognises that occupational medicine is a broad specialty that has a particular
emphasis on protecting and promoting the health of people at work and:-
i) regards the government’s proposed ‘Health and Work Service’ to be
misleading both in name and by its claims to provide occupational health advice
and support;
ii) calls on the BMA to lobby the Department of Work and Pensions to
immediately stop using the term ‘occupational health’ in a misleading and
damaging way when describing this service.

142 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA
DIVISIONS: That this Meeting believes that, if ATOS is to continue to tell
disabled people that they are fit to work, then the training of Disability
Employment Advisors at the Job Centres must be vastly improved to stop them
sending the patients back to GPs for further certification that they are actually
unfit for work.

*The motion(s) below, in the shaded area, are unlikely to be reached*

143 **Motion** by NORTHERN RJDC: That this Meeting is concerned by the use of
non-medically qualified ‘fit for work’ assessors by the provider ATOS Healthcare
and calls upon the BMA to lobby the DWP to ensure future contracts make such
provision as to guarantee medical assessments are carried out only by UK
registered doctors.
BRITISH MEDICAL JOURNAL  Monday 15.40 - 15.50

144 Receive: Report from the Chairman of the BMJ Publishing Group (Joseph Lippincott).

BMA BOARD  Monday 15.50 - 16.05

145 Motion by COUNCIL: That, subject to any amendments arising out of the decisions of the meeting, the bye-laws of the Association be amended in the manner shown in ARM13/AGM4, to come into force immediately prior to the conclusion of the 2014 Annual Representative Meeting conditional upon the approval at the Annual General Meeting of the amendments to the Articles of the Association as set out in ARM13/AGM4 which are hereby approved at this meeting and recommended to the Annual General Meeting for approval.

PUBLIC HEALTH MEDICINE  Monday 16.05 - 16.30

146 Receive: Report by the Co-Chairs of the Public Health Medicine Committee (Mark Temple and Penelope Toff).

* 147 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST REGIONAL COUNCIL): That this Meeting recognises that scientific public health analysis shows that austerity damages both health and economic growth and:-
   i) recognises that such adverse impact on health is borne out by the clinical experiences of many doctors;
   ii) calls on government to take more account of this in its economic strategy.

147a Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting recognises that scientific public health analysis shows that austerity damages both health and economic growth, recognises that its adverse impact on health is borne out by the clinical experiences of many doctors and calls on government to take more account of this in its economic strategy.

147b Motion by CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting believes that the government should pay more attention to the way that its decisions impact on the health of the population. We therefore ask that:-
   i) the Cabinet Sub-committee on Public Health is reconvened;
   ii) Public Health England should undertake an annual health equalities impact assessment of government policy;
   iii) the government’s economic strategy should pay much more attention to public health evidence, through proper scientific analysis, the adverse impacts of austerity both on health and on economic growth.

* 148 Motion by CONSULTANTS CONFERENCE: That this Meeting notes that the childhood vaccination programmes in England, Wales, Scotland and Northern Ireland currently only offer the HPV vaccine (Gardasil) to girls and calls upon the Departments of Health to change their policies and offer this vaccination to boys as well.

148a Motion by SOUTHERN RSASC: That this Meeting seeks support from the Department of Health and NHS England to ensure that boys as well as girls are also vaccinated with Gardasil. We call on the BMA to enter into discussions to that effect.
Motion by CITY & HACKNEY DIVISION: That this Meeting welcomes the Parliamentary Health Select Committee's February 2014 critical report on the newly formed executive agency of DH, Public Health England (PHE). This Meeting calls on the BMA to lobby the government to increase PHE's autonomy and independence which we believe is in the public interest.

Motion by LONDON REGIONAL COUNCIL: That this Meeting notes recent criticism of Public Health England (PHE) that as part of the Department of Health it is insufficiently independent. This Meeting calls on the BMA to:-
  i) lobby for greater autonomy and independence for PHE;
  ii) specifically, PHE doctors should not be bound by the Civil Service Code of Conduct or any similar civil service regulations.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by OXFORD DIVISION: That this Meeting urges the Dept of Health to ensure that funds are ring-fenced by the local authorities for public-health work – particularly the continuation to immunisation.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting requests that the Secretary of State for Health requires that all complications of pregnancy are reported to public health with an NHS number for epidemiological studies and monitoring of services.

Motion by NORTH WEST RSASC: That this Meeting believes that public health is the foundation for a healthy society and implores the BMA to ensure that the work of public health professionals is valued and supported.

STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS

Monday 16.30 - 16.55

Receive: Report by the Co-Chairs of the Staff, Associate and Specialty Doctors Committee (Amit Kochhar and Radhakrishna Shanbhag).

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that SAS doctors undertake a significant proportion of clinical care in the NHS and that their professional development is vital in delivering high quality patient care. It therefore urges Health Education England (HEE) and the Local Education and Training Boards (LETB) to:-
  i) guarantee that the funding for SAS development continues;
  ii) ensure that this fund is ring-fenced so as to assist with long-term planning.

Motion by SASC CONFERENCE AGENDA COMMITTEE: That this Meeting exhorts the BMA to support professional accountability, patient safety, revalidation and job satisfaction by:-
  i) seeking effective data coding systems that attribute clinical activity to clinicians who perform this activity;
  ii) deploring the target-driven culture in favour of patient-focused outcome measures;
  iii) empowering doctors to raise concerns in the interests of our patients, without institutional pressures preventing them from doing so.
A 156 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting calls on UK governments to permit existing Associate Specialists to retain their terms and conditions of service and salary scale when transferring to posts with new and existing employers.

A 157 **Motion** by KESTEVEN DIVISION: That this Meeting is deeply concerned that the educational fund for SAS doctors allocated by Department of Health for their career development is being cut in several places by LETB, especially at a time when doctors are expected to be revalidated.

**CONSULTANTS**  
*Monday 16.55 - 17.20*

158 **Receive**: Report by the Acting Chairman of the Consultants Committee (Tom Kane).

159 **Motion** by EDGWARE & HENDON DIVISION: That this Meeting reaffirms its support for a consultant delivered service but demands that this be adequately remunerated and that the working conditions of consultants be acceptable and agreed between consultant staff and employers representatives.

* 160 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LONDON REGIONAL COUNCIL): That this Meeting calls on the Consultants Committee negotiators to ensure that any changed or new consultant contract should:-  
   i) reflect the large proportion of out of hours work done by consultants;  
   ii) recognise the need to make out of hours working patterns attractive and sustainable;  
   iii) recognise that any consultant out of hours provision needs to be matched by the availability of appropriate support staff and services.

160a **Motion** by LONDON REGIONAL COUNCIL: That this Meeting directs the relevant BMA negotiators to argue that any change(s) to the 2003 Consultant contract, or any new Consultant contract, must:-  
   i) better reflect the large proportion of out of hours working by Consultants in all acute specialties;  
   ii) recognise the need to make high-frequency out of hours working patterns both sustainable and attractive to those considering careers in frontline specialties.

160b **Motion** by LONDON REGIONAL COUNCIL: That this Meeting supports the right of doctors to a home life and mandates Council to ensure that any changes to the 2013 Consultant Contract protect this basic right and adequately recognise and reward out-of-hours work by acute specialties.

160c **Motion** by LEWISHAM DIVISION: That this Meeting notes that consultant contract negotiations centre on changes that may well have an adverse effect on our working lives, in particular the shift to 7 day working, but are presented by the BMA as inevitable in their document 'Make Change Better'. This Meeting mandates the BMA to take a more assertive stance and work primarily to improve our terms and conditions.

160d **Motion** by SOUTH TYNESIDE DIVISION: That this Meeting is of opinion that current effectiveness of Consultant on site out of hours is limited by lack of availability of supportive staff.
The motion(s) below, in the shaded area, are unlikely to be reached

161 Motion by BIRMINGHAM DIVISION: That this Meeting believes the proposed abolition of clinical excellence awards is likely to lead to the stifling of extra-contractual innovation, education, research and development activities by consultants and should be opposed by the BMA.

162 Motion by BIRMINGHAM DIVISION: That this Meeting in respect of the proposal for each patient to have a named responsible clinician:-
   i) does not believe there is evidence to support the proposal;
   ii) believes it will create additional work, responsibility and liabilities for consultants;
   iii) cannot support the proposal without additional resources.

163 Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting calls upon the BMA to negotiate that older consultants in the profession have provision to opt out of night duties/unsocial hours without detriment to their careers.

164 Motion by CONSULTANTS CONFERENCE: That this Meeting:-
   i) believes that a successful negotiation can only be achieved if the terms Emergency, Urgent and elective care are clearly defined and agreed by all parties to the negotiations;
   ii) believes that any attempt to erode doctors pay increments and CEAs in addition to real term salary reduction will be hugely demotivating to the medical workforce;
   iii) insists that consultants must have the right to remain on their existing terms and conditions of service regardless of the outcome of the current, or future, contract negotiations;
   iv) believes that national terms and conditions of service must be maintained.

165 Motion by OXFORD DIVISION: That this Meeting rejects the changes being made both to the Clinical Excellence Awards and consultant pay scales and believes these will have significant detrimental effects on the recruitment and retention of secondary care doctors within the NHS. It recommends that they both should continue in value pari passu with those before the recent cuts were made.

A 166 Motion by WEST BERKSHIRE DIVISION: That this Meeting believes in the ethos of CEA awards and that such funding must remain as part of the remuneration package but believes there are wide variations in how these awards are allocated and calls upon the BMA to consider fairer more transparent processes.

Contingency time

Monday 17.20

BRANCH OF PRACTICE QUESTION AND ANSWER SESSION

Monday 17.25 - 17.45

Opportunity for representatives to ask questions of the chairs of the branch of practice committees.

Session closes

Monday 17.45
Receive: Report from the Chairman of Scottish Council (Brian Keighley).

Motion by SCOTTISH COUNCIL: That this Meeting believes that BMA Scotland must actively negotiate for a substantial increase in funding available to general practice in Scotland, without defunding secondary care, as current levels are grossly inadequate to meet the needs of the patient population in the community.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting is profoundly concerned by the significant and growing health burden on our profession. As doctors, our hours of work and the stresses of our working role result in atypically high rates of drug abuse, divorce and suicide and we believe:-
   i) shift patterns, and night working contribute to worsened long term cardiovascular outcomes, and an increased rate of breast and colon cancers;
   ii) this a tragic loss to our profession, and to society as a whole;
   iii) the profession must refuse letting its health and wellbeing continuing to be the collateral damage of a health system under stress;
   iv) the BMA should establish a working party to collate current research and address this important issue.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting is alarmed at the rising rates of doctors suffering occupational stress and burnout and calls on departments of health working with relevant national bodies to:-
   i) recognise the seriousness of the problem;
   ii) commission research to quantify and understand the problem;
   iii) put in place funded locally available services to support doctors suffering occupational stress and burnout.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting condemns governments’ failure to recognise and quantify the workload pressures facing doctors working in the NHS and calls on governments in all UK nations to:-
   i) commission independent, regular and fully funded workload surveys;
   ii) take urgent action to reduce workload pressures experienced by doctors.

Motion by NORTHERN RJDC: That this Meeting is profoundly concerned by the significant and growing health burden of our profession. As doctors, our hours of work and the stresses of our working role result in atypically high rates of relationship breakdown and mental health issues. In addition shift patterns, and night working contribute to worsened long term cardiovascular outcomes, and an increased rate of breast and colon cancers. We consider this a tragic loss to our profession and to society as a whole, and refuse to let our health and wellbeing continue to be the collateral damage of a system under stress. We call upon the BMA to establish a working party to collate current research and address this important issue.
Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EAST BERKSHIRE DIVISION): That this Meeting:-

i) is concerned that the implementation of Working Time Regulations 1998 has negatively impacted on surgical training and experience;

ii) is concerned about the increasing number of surgical trainees undertaking post-CCT fellowship to prepare for consultant appointment;

iii) urgently calls upon the BMA, Surgical Royal Colleges, Joint Committee on Surgical Training and Surgical Specialty Associations to determine whether the length of the current CCT training programme is fit for purpose in preparing a trainee for appointment as a NHS consultant surgeon.

Motion by EAST BERKSHIRE DIVISION: That this Meeting:-

i) is concerned that the reduction in hours due to the implementation of the European Working Time Regulations has negatively impacted on surgical training and experience;

ii) is concerned about the increasing number of surgical trainees undertaking post-CCT fellowship to prepare for consultant appointment;

iii) urgently calls upon the BMA, Surgical Royal Colleges, Joint Committee on Surgical Training and Surgical Specialty Associations to determine whether the length of the current CCT training programme is fit for purpose in preparing a trainee for appointment as a NHS consultant surgeon.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that the European Working Time Regulations:-

i) continue to have a negative impact on some groups of trainees (especially in surgical specialties)

ii) “one size fits all” approach risks alienating a significant number of BMA members

iii) and calls upon the BMA to explore whether a “one size fits all” approach to the EWTD continues to be appropriate

Motion by CONSULTANTS CONFERENCE: That this Meeting believes that the EWTD continues to have a negative effect on training (particularly within surgical specialities). The Meeting calls upon the BMA to explore whether a “one size fits all” mentality continues to be appropriate.

Motion by OXFORD DIVISION: That this Meeting still believes that the European Working Time Regulations continue to have a negative impact on some groups of trainee doctors particularly in the surgical specialties with its “one size fits all” approach risks and calls upon the BMA to explore suitable amendments.

Motion by OXFORD DIVISION: That this Meeting believes that the European Working Time Regulations:-

i) continue to have a negative impact on some groups of trainees (especially in surgical specialties);

ii) “one size fits all” approach risks alienating a significant number of BMA members;

iii) and calls upon the BMA to explore whether a “one size fits all” approach to the EWTD continues to be appropriate.
Motion by EAST DORSET DIVISION: That this Meeting recognises that many doctors taking career breaks are being lost to the NHS due to the unreasonable demands made of them to enable them to return to work. Therefore we ask that:
   i) doctors on return to work programs to be appropriately remunerated for their work;
   ii) programmes to be structured such that the amount of time on the programme is proportionate to the time away from work and educational needs of the doctor;
   iii) no clinician to be forced to pay for a period of supervision or mentorship as part of their return.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by JUNIOR MEMBERS FORUM: That this Meeting calls on the BMA to lobby health education providers to acknowledge, at the time of appointment, any childcare needs of trainees and to:
   i) ensure onsite availability of crèche/ nursery facilities or an appropriate alternative;
   ii) guarantee timely availability of places in the crèche/nursery according to rota patterns and locations;
   iii) ensure availability of extended childcare provision to cover on-calls or emergency overtime.

Motion by JUNIOR MEMBERS FORUM: That this Meeting is concerned there is currently no minimum staffing level for doctors, and therefore calls on:-
   i) the BMA to conduct research to determine the minimum level of medical staffing required in order to provide a safe service and ensure adequate training for junior doctors;
   ii) doctors’ employing bodies and the CQC to impose and enforce a minimum staffing level.

Motion by NORTHERN RJDC: That this Meeting recognises the findings of the Nuffield Trust report ‘The Francis Report: One Year On’ and the concerns amongst NHS management around the challenges of ensuring correct staffing levels in the context of financial constraints. Recognising that despite media narrative this is not a challenge uniquely confined to nurse staffing levels we call upon the BMA to lobby for:
   i) further increase doctor numbers to the end of meeting OECD average of 3.2 per 1000 population;
   ii) the introduction of minimum doctor staffing levels for hospitals and departments across the UK.

Motion by SCOTTISH COUNCIL: That, mindful of the Francis report, in order to meet the demands on the NHS and provide the quality of care expected by politicians and the population, the BMA must actively lobby governments to:-
   i) invest in and increase staff numbers including doctors in primary and secondary care;
   ii) invest in and increase the number of hospital beds;
   iii) invest in and increase community support;
   iv) ease the target and inspection culture.
Otherwise morale will continue to drop and commitment to the NHS with it.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting recognises the findings of the Nuffield Trust report ‘The Francis Report: One Year On’ and
the concerns amongst NHS management around the challenges of ensuring correct staffing levels in the context of financial constraints. Recognising that despite media narrative this is not a challenge uniquely confined to nurse staffing levels and we call upon the BMA to lobby for:

i) further increase in doctor numbers to the end of meeting OECD average of 3.2 per 1000 population;
ii) the introduction of minimum doctor staffing levels for hospitals and departments across the UK.

177 **Motion** by NORTH WEST REGIONAL COUNCIL: What is the critical number of doctors and nurses needed to keep the NHS safe in all its parts? That is the question the BMA must challenge all UK governments to answer otherwise the burden of primary care and disasters in hospitals will continue to increase.

178 **Motion** by MERSEY RJDC: That this Meeting:-

i) recognises the pressure medical registrars are under in the NHS as described in the Royal College of Physicians London report 'Over The Brink';
ii) believes that such pressure on a relatively small number of individuals is detrimental to their health, training and potentially to patients;
iii) believes that a greater no. of medical subspecialties should be participating in the acute medical take where curricula permit, with more medical trainees dual accrediting in both their chosen sub-specialty and general medicine;
iv) acknowledges that such a move would need to be done in a managed, prospective way to guarantee patient safety;
v) believes that acute medicine must be better supported and resourced as a standalone medical sub-specialty and measures to boost recruitment should be brought forward by HEE.

179 **Motion** by BRISTOL DIVISION: That this Meeting believes that end of working career structures will need fundamental overhaul if we are all going to work longer and that the BMA should lead the way in planning how such careers might work.

180 **Motion** by SOUTH WEST LONDON DIVISION: That this Meeting believes that a lot of patients in hospitals have great difficulty in knowing by whom they are being treated and that doctors do not look the way that the public expects them to look. The BMA should therefore campaign for the return of short sleeved white coats designated with the word "MEDICAL DOCTOR" in large letters on the front.

181 **Motion** by SHEFFIELD DIVISION: That this Meeting notes the findings of Hickerton BC et. al., (BMJ Qual Saf  6 Mar 2014) and the confusion patients and other healthcare professionals have regarding the relationship between doctors' titles and their seniority. It therefore calls on the relevant stakeholders to:

i) conduct a review with the objective being to recommend the titles medical staff and students should identify themselves by;
ii) implement the recommendations standardising titles nationally;
iii) where deemed appropriate, seek the legal protection of such titles to prevent their use by non-medical practitioners.

182 **Motion** by EAST BERKSHIRE DIVISION: That this Meeting is concerned about the impact national recruitment and a national single start date has had on ensuring rotas, especially at middle grade are adequately staffed. We call upon:-
i) the BMA to urgently investigate the scale of the problem especially in high intensity specialties such as acute medicine, general surgery;
ii) HEE to urgently address the loss of flexibility caused by national selection and a single start date for specialty training;
iii) the BMA to work with relevant stakeholders to ensure that doctors working in non-consultant, non-training grade posts have made a positive career choice and the individual has the opportunity to develop, enhance their skills and achieve their potential.

**Motion by SEVERN SW RJDC:** That this Meeting, whilst welcoming the UK government’s plan for shared parental leave from April 2015, notes that current paid or unpaid paternity leave entitlement is less than that of current maternity leave entitlements and that the NHS is subject to current gender equality legislation. We believe:-
i) that the government’s scheme is designed to give fathers the opportunity to become primary carers for babies during the first year of life and return to their job in the same way as mothers;
ii) without equivalent maternity and paternity pay contributions from employers, the government’s plan for shared parental leave would not work as intended in the NHS;
iii) if still in place in its current form in April 2015, the current provision for paternity leave and pay in the NHS would be tantamount to gender discrimination;
iv) under the shared parental leave scheme, men working the NHS must be entitled to paid and unpaid paternity leave equivalent to that of maternity leave for women;
v) that the BMA should lobby the appropriate bodies to ensure that provisions for equitable parental leave and pay within the NHS are in place ideally by April 2015 or as soon as reasonably possible thereafter.

**Motion by NORTHERN IRELAND SASC:** That this Meeting demands that there is meaningful engagement between the health departments, employers and clinicians as to the reasons for the staffing crisis in Emergency Departments across the UK. Analysis and corrective measures are urgently needed to solve the problems of recruitment and retention.

**Motion by NORTHERN RSASC:** That this Meeting strongly supports and encourages the rehabilitation and re-employment of doctors that have had a career break due to unavoidable personal circumstances, which includes doctors who are Asylum seekers and refugees and;
i) recommends that the Health Education England (HEE) or equivalent national body and their regional units, should allocate funds to support any necessary retraining requirements;
ii) calls for the provision of an approved pathway for their re-employment and complete recovery, working in conjunction with the GMC.

**Motion by ISLINGTON DIVISION:** That this Meeting notes in the face of year on year cuts to psychiatry services, we call on the BMA to establish benchmarking recommendations for the number of psychiatrists per head of population.

**Motion by SCOTTISH COUNCIL:** That this Meeting:-
i) recognises that there are a growing number of physician’s assistants/associates (PAs) in training and now working in the NHS;
ii) notes the desire from previous ARM and encourages the BMA to: "lobby the
government to provide information and reassurance that medical students’ and junior doctors’ education, training, job description, and job prospects will not be adversely affected by the introduction of these posts;
iii) believes there is an urgent need for clarification of the role of the physician’s assistant/associate within the health team, and that the BMA should lobby relevant organisations and government to gain this clarification;
iv) recognises the similarity and potential for confusion between the title physician’s associate and that of the senior, medically trained associate specialist doctor;
v) requests that the BMA work with universities involved in the training of physician’s assistants/associates to ensure both these students and medical students are given clarification of each other’s role;
vi) calls on the BMA to explore the future of an official regulatory body for physician’s assistants/associates, in the best interest of patients.

188 Motion by OXFORD DIVISION: That this Meeting is appalled by the large number of fully trained candidates, particularly affecting Trauma & Orthopaedic surgeons who have not yet been able to secure substantive NHS consultant posts and calls for the urgent resumption of consultant expansion particularly in relation to seven day working in hospitals with more robust workforce planning in the future.

189 Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting urges the government to urgently introduce strict measures to deter abusive, intoxicated, aggressive and violent behaviour towards NHS staff.

190 Motion by SHEFFIELD DIVISION: That this Meeting is appalled by constant references to ‘women’ and ‘pregnancy’ being the source of all problems in medical workforce and states that men are equally responsible for the pregnancy.

191 Motion by WALTHAM FOREST DIVISION: That this Meeting condemns the poor career structure for part time doctors in all branches of the profession, and calls on the government to address this issue, in the interests of maintaining a comprehensive workforce and providing good clinical care to patients.

192 Motion by WALTHAM FOREST DIVISION: That this Meeting notes with concern that workforce projections are unsatisfactory and the supply of doctors does not match the demand, and recommends that the BMA impresses upon the Centre for Workforce Intelligence the need for more accurate and definitive analysis and conclusion.

193 Motion by MANCHESTER & SALFORD DIVISION: That this Meeting notes that poorly constructed car parks for NHS staff are a norm in some trusts/hospitals and:-
i) deplores the use of poor infrastructure and haphazard areas of land as NHS staff parking;
ii) agrees that such car parks should be heavily subsidised if they are to be used;
iii) calls for the BMA to lobby the DH and NHS to issue guidance on minimum standards for NHS staff parking facilities.

194 Motion by MANCHESTER & SALFORD DIVISION: That this Meeting is saddened to learn of increasing number of crimes committed against NHS staff on hospital car parks, including theft and GBH. The Meeting calls upon the
BMA to lobby the NHS in ensuring the safety of its staff, including greater security, supervision and monitoring of car parks.

**Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting is saddened to learn of increasing number of crimes committed against NHS staff on hospital car parks, including theft and GBH. This Meeting calls upon the BMA to lobby the NHS in ensuring the safety of its staff, including greater security, supervision and monitoring of car parks.

**Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that poorly constructed car parks for NHS staff are a norm in some trusts/hospitals and:

i) deprecates the use of poor infrastructure and haphazard areas of land as NHS staff parking;

ii) agrees that such car parks should be heavily subsidised if they are to be used;

iii) calls for the BMA to lobby the DH and NHS to issue guidance on minimum standards for NHS staff parking facilities.

**Motion** by LONDON REGIONAL COUNCIL: That this Meeting holds that being a doctor is a great job but that being a doctor in the UK is a poor career choice.

**Motion** by LONDON REGIONAL COUNCIL: That this Meeting:

i) notes the on-going refusal of successive governments to maintain public sector wages;

ii) calls upon Council to work with other public sector unions towards a national strike before the next general election for fair public sector wage increases.

**Motion** by JUNIOR MEMBERS FORUM: That this Meeting recognises the mental health problems faced by some doctors and the potential implications for their personal health and for patient care. We recognise that doctors can continue to work and train safely with appropriate medical, educational, and institutional support; however, that this support is variable. We call on the BMA to:

i) work with education providers to ensure that trainees with mental health problems are supported to continue their training wherever possible;

ii) lobby NHS Employers to ensure that provision for adequate and accessible mental health support forms part of all doctors working conditions;

iii) support changes to individual doctors working conditions and responsibilities where this may be beneficial to their mental health (e.g. working less than full-time).

**Motion** by MID-SURREY KINGSTON & ESHER DIVISION: That this Meeting requests Council to report to the next ARM on the quality and accountability of locum agencies.

**Motion** by JUNIOR MEMBERS FORUM: That this Meeting recognises the contribution of ancillary staff to patient care and experience, and expresses concern about the outsourcing of these services to private providers. This Meeting calls on the BMA to support other trade unions to oppose ancillary staff being employed under less favourable terms and conditions of employment.

**Motion** by JUNIOR MEMBERS FORUM: That this Meeting acknowledges international evidence that the medical profession has high levels of homophobia and that current evidence on the situation in the UK is lacking. We therefore call on the BMA Equality and Diversity Committee to collect data from
doctors and medical students on both attitudes towards sexual orientation and perceived homophobia within the medical profession.

203 **Motion** by SOUTH DEVON DIVISION: That this Meeting is seriously concerned at the increasing trend for doctors to leave the NHS at an early age and calls for:—

i) an urgent review of workforce planning;

ii) NHS posts to be made more attractive in all respects.’

**SCIENCE, HEALTH AND SOCIETY**

**Tuesday 10.00 - 10.55**

204 **Receive:** Report by the Chairman of the Board of Science (Baroness Hollins).

* 205 **Motion** by CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting acknowledges both the substantial harm to health caused by smoking cigarettes and that nicotine addiction is very hard to break. It therefore calls on the BMA to campaign to ban forever the sale of cigarettes to any individual born after the year 2000.

205a **Motion** by CITY & HACKNEY DIVISION: That this Meeting notes the substantial harm caused by smoking cigarettes and that nicotine addiction is hard to break, and:—

i) calls on the Board of Science to undertake a review of the potential health effects of a policy of banning forever the sale of cigarettes to people born after a certain year (e.g. the year 2000);

ii) calls on the BMA to lobby for the implementation of a ban on the sale of cigarettes to people born after a certain year if shown to have health benefits.

* 206 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SCOTTISH COUNCIL): That this Meeting recognises the need to protect the future health of the population against the rising tide of obesity and increasing demands on the Health Service and calls on governments to:—

i) make significant investment in simple, practical and understandable health and nutrition education for all UK school pupils;

ii) develop a requirement for all schools to introduce a new element to their curricula which educates young people across the UK in the appropriate, safe and effective use of health services, and raises awareness about responsibility for self management of health when required.

206a **Motion** by SCOTTISH COUNCIL: In order to protect the future health of the population against the rising tide of obesity, this Meeting demands that the UK and devolved governments make significant investment in simple, practical and understandable health and nutrition education for all UK school pupils.

206b **Motion** by MANCHESTER & SALFORD DIVISION: That this Meeting notes that the retail industry continue to target children in the sale of confectionery, particularly sweets and chocolate bars and:—

i) condemns this strategy;

ii) recognises that this goes directly against this governments policy, “Reducing obesity and improving diet,” released in March 2013;

iii) calls for stricter guidance, specifically on the placement of confectionery;

iv) calls on the BMA to lobby the government to issue stricter guidance on the placement of confectionery and targeting of children by the retail industry.
206c **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that the retail industry continue to target children in the sale of confectionary, particularly sweets and chocolate bars and:-
  i) condemns this strategy;
  ii) recognises that this goes directly against this government’s policy, “Reducing obesity and improving diet,” released in March 2013;
  iii) calls for stricter guidance, specifically on the placement of confectionary;
  iv) calls on the BMA to lobby the government to issue stricter guidance on the placement of confectionary and targeting of children by the retail industry.

206d **Motion** by SCOTTISH COUNCIL: That this Meeting calls on governments to develop a requirement for all schools to introduce a new element to their curricula which educates young people across the UK in the appropriate, safe and effective use of health services, and raises awareness about responsibility for self management of health when required.

* 207 **Motion** by MANCHESTER & SALFORD DIVISION: That this Meeting notes that only 10% of the UK population are supplied with artificially fluoridated water following fragmented local introduction schemes since 1968 and:-
  i) acknowledges that this regional disparity has had detrimental effects on the dentition of areas where fluoridation is not routine;
  ii) calls for a universal approach to water fluoridation;
  iii) calls for the BMA to lobby the government to fund further research to allay fears associated with water fluoridation;
  iv) calls on Public Health England to renew its policy on water fluoridation, not just its guidance.

207a **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that only 10% of the UK population are supplied with artificially fluoridated water following fragmented local introduction schemes since 1968 and:-
  i) acknowledges that this regional disparity has had detrimental effects on the dentition of areas where fluoridation is not routine;
  ii) calls for a universal approach to water fluoridation;
  iii) calls for the BMA to lobby the government to initiate further research to allay fears associated with water fluoridation;
  iv) calls on Public Health England to renew its policy on water fluoridation, not just its guidance.

208 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting agrees with the Chief Medical Officer that drug addiction is a health problem resembling alcoholism and smoking and asks the BMA to promote the legalisation of smoking cannabis.

* 209 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE N IRELAND (SOUTHERN) DIVISION): That this Meeting calls upon governments to introduce legislation to ensure that e-cigarettes are marketed as quit-smoking aids and not as entry portals to nicotine addiction, and:-
  i) for governments to prohibit ‘vaping’ on e-cigarettes in public places where smoking is prohibited;
  ii) for the BMA to lobby for restriction of e-cigarette advertising in the UK.

209a **Motion** by N IRELAND (SOUTHERN) DIVISION: That this Meeting welcomes the efforts of the European Parliament to subject e-cigarettes to the same
advertising restrictions as tobacco products but calls on the BMA to lobby for more prompt restriction of e-cigarette advertising in the UK.

209b Motion by DERBYSHIRE LMC: That this Meeting:-
   i) recognises that e-cigarettes may be extremely useful in helping smokers to quit;
   ii) calls upon interested GPs, and others, to collect data on the use of e-cigarettes among their patients and on outcomes;
   iii) calls upon GPC to negotiate the inclusion of code XaaNL 'user of electronic cigarettes' in the QOF, to facilitate the collection of data;
   iv) calls upon the UK governments to introduce legislation to ensure that e-cigarettes are marketed as quit-smoking aids and not as entry portals to nicotine addition.

209c Motion by TAYSIDE LMC: That this Meeting is concerned at the current lack of regulation of electronic cigarettes and, whilst welcoming the decision by the MHRA to regulate electronic cigarettes as a medicine, calls on all four nation governments to:-
   i) include e-cigarettes within the products banned from use in enclosed public places;
   ii) prohibit the sale of e-cigarettes to those under 18 years;
   iii) ensure that e-cigarettes are only displayed for sale alongside other nicotine replacement therapies.

209d Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on government to legislate to prohibit:-
   i) the promotion through advertising and other means of e-cigarettes;
   ii) 'vaping' on e-cigarettes in public places where smoking is prohibited.

209e Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting congratulates the government on the enabling legislation to:-
   i) introduce standardised packaging of tobacco products;
   ii) prohibit smoking in cars when a child is a passenger;
   iii) prohibit proxy purchasing of tobacco products by an adult for a person under 18 years;
   iv) prohibit the sale of e-cigarettes to persons under 18 years of age, and;
   v) calls on government to implement the changes through regulation by January 2016.

209f Motion by LIVERPOOL LMC: That this Meeting believes that e-cigarettes are only cigarette substitutes which perpetuate the smoking behaviour rather than aid cessation of smoking, and accordingly, their use should not be encouraged as a method to assist with smoking cessation advice.
**Motion** by EAST BERKSHIRE DIVISION: That this Meeting:-
i) recognises the importance of bystanders acting quickly to perform basic cardiopulmonary resuscitation and use an automatic external defibrillator (AED) when they witness a sudden cardiac arrest out-of-hospital;
ii) believes the government’s reluctance to mandate for the teaching of resuscitation skills in schools is based on ideology rather than evidence, and calls on the BMA to continue to support the British Heart Foundation and Resuscitation Council (UK) campaign for this to be taught in schools;
iii) welcomes the increasing availability of AEDs in public places, workplaces, and other areas where the public have access, and calls on the BMA to lobby the government to increase the number of people trained in using AEDs.

**Motion** by SOUTHERN RSASC: That this Meeting asks that discussions between the BMA and government’s Education Department and/or Department for Health are undertaken to ensure that all schools in the United Kingdom, are required to include as part of their curriculum basic life support beginning from primary school age.

**Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls on those teaching science to key stages 1-4 to include life support skills and cardiopulmonary resuscitation techniques in teaching about the heart and circulation.

The motion(s) below, in the shaded area, are unlikely to be reached

**Motion** by SCOTTISH COUNCIL: That this Meeting notes that research shows that children who learn to play a musical instrument benefit in many ways, including improved language skills, mathematical skills, enhanced co-ordination, better reading and social skills and is beneficial especially for those with developmental delay and autism. This Meeting therefore:-
i) deplores that some educational authorities are charging fees for music lessons;
ii) calls upon the BMA to lobby education authorities to provide free music lessons.

**Motion** by SHEFFIELD DIVISION: That this Meeting notes that when some medically trained individuals have sought to expose inaccuracies in pseudoscientific movements they are often met with legal challenges in an attempt to silence them. Therefore this Meeting seeks to support such scientists and doctors by:-
i) lobbying Parliament and the legal authorities to ensure critical appraisal of health claims be included as a form of freedom of expression, as per Article 10 of the Human Rights Act;
ii) lobbying Parliament and the legal authorities to shift the burden of proof in any such legal cases onto those whose claims are contrary to conventional scientific and medical theory;
iii) media coverage of such topics is often used by patients to inform their healthcare choices and media outlets and the Royal Colleges should work more closely to ensure the public receives the information necessary accurately to inform healthcare choices.

**Motion** by WEST PENNINE LMC: That this Meeting believes that all processed food above 400 kcal should have this printed in bold letters on the packaging.

**Motion** by SOUTH ESSEX DIVISION: That this Meeting urges the BMA
Chairman to negotiate with the government to help to reintroduce beneficial complementary / traditional Health care such as Yoga Therapy, Osteopathy, Chiropractice etc.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting recognises the serious impact upon local government and NHS funding of allocating resources according to the age structure of the population without regard to deprivation and its impact on life expectancy. As the burden of health and social care expenditure is related to proximity to death more strongly than it is to distance from birth, this allocation mechanism is regressive and irrational and is causing great damage to the health of the most vulnerable areas of the country.

Motion by OXFORD DIVISION: That this Meeting regarding the Channel 4 series the UnDateables, this meeting:-
   i) notes that there has been concern amongst the disabled community;
   ii) believes that it may be providing entertainment at the expense of the vulnerable people it features;
   iii) is concerned that autistic participants in particular may not be able to imagine the potential for this form of potential exploitation;
   iv) calls on the BMA to campaign against this series and any other similar entertainment that has the potential to exploit vulnerable people.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on government to:-
   i) make carbon monoxide alarms mandatory in;
   ii) all homes with carbon-based fuel burning appliances and;
   iii) all rented accommodation ;
   iv) ensure all campsites supply campers with information that a barbecue should never be taken inside a tent or caravan even when the charcoal appears burnt out;
   v) require fire safety officers to include CO awareness in fire safety training;
   vi) request all medical schools to ensure CO poisoning is covered early in the curriculum.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting urges the Secretary of State for Health to ensure broadcasters uphold the WHO's international guidelines on suicide prevention.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting encourages the use of naprotechnology as an option for appropriate infertile couples.

Motion by N IRELAND (WESTERN) DIVISION: That this Meeting believes that deaths and injuries from guns are a public health problem and deplore political objections to this view in the United States of America.

Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting views any recommendation to lower the age of consent from 16yr to 15 yr with the utmost concern.

Motion by SOUTH DEVON DIVISION: That this Meeting notes the term 'integrated healthcare' is used variously to mean: (i) “The integration of health, social and mental care services.” (e.g. Nigel Hawkes. BMJ 2013;347:f7487 and BMA Junior Members Forum 2013) or (ii) ‘The integration of “ancient wisdom” with “the best of new technology and current knowledge...and which maximizes the potential of conventional, lifestyle and complementary approaches in the
process of healing.” (e.g. HRH the Prince of Wales. Integrated health and post modern medicine. J R Soc Med December 2012; 105(12):496-80 and Constitution, ‘College of Medicine’). In order to avoid confusion between these meanings and to avoid misleading patients and the public, this Meeting calls on commentators, speakers and writers who use the phrase ‘Integrated health care’ (or variants) to make clear in which sense they mean the phrase and whether or not it is their intention to have complementary and alternative medicine systems “integrated” with regular conventional scientific evidence-based medicine.

223 Motion by SOUTH DEVON DIVISION: That this Meeting calls on all charities such as the Royal Naval and Royal Marine Childrens’ Fund which recommend ‘alternative’ techniques such as Cerebro Spinal Therapy and Reiki for the management of service personnel suffering from Post Traumatic Stress Disorder to publish any plausible evidence they have of the benefits of such techniques in order that patients helped by and donors to such charities can avoid being misled and make fully informed choices.

224 Motion by MID MERSEY LMC: That this Meeting applauds the government’s initiative to increase tax on sugary drinks.

225 Motion by SOUTH ESSEX DIVISION: That this Meeting calls on the government to impose a ban on carbonated high sugar drinks and similar beverages that has been proven to seriously harm the health of the nation.

226 Motion by UNIVERSITY COLLEGE LONDON: That this Meeting:-
   i) welcomes the recent announcement that the Health research Authority (HRA) has been funded to develop an assessment and approval process that aims to alleviate the inconsistencies and unnecessary duplications that have been so frustrating for doctors who want to be involved in clinical trials;
   ii) welcomes HRA’s intention that the proposed assessment and approval process will reduce unnecessary bureaucracy surrounding such trials;
   iii) believes that HRA’s intention offers the opportunity for better quality as well as quantity of clinical trials in the future;
   iv) believes that the outcome of any medical research lies in improving patient care;
   v) calls on the BMA to ensure that the HRA helps to promote this outcome by insisting that transparent trial reporting is an integral component that is embedded fully within any new assessment and approval process.

227 Motion by ISLINGTON DIVISION: That this Meeting notes with concern the food industry relationships with people advising the government e.g. scientific advisory committee on nutrition (SACN). In view of this country’s increasing obesity problems we call on the BMA to press the government to rethink its policy on the composition of the SACN.

228 Motion by SCOTTISH COUNCIL: That this Meeting:-
   i) welcomes recent improvements in alcohol related deaths and hospital admissions in Scotland;
   ii) recognises that falling affordability has been a factor in reducing alcohol related death rates;
   iii) recognises that the alcohol duty escalator has had a beneficial effect in raising the price of alcohol;
   iv) continues to support minimum unit price as a price control mechanism;
   v) calls on the UK government to maintain the alcohol duty escalator.
Motion by TAYSIDE LMC: That this Meeting recognises the scale of the impact of alcohol misuse on the NHS and society as a whole and believes that a wide ranging strategy including measures to address price and availability is necessary and:-

i) is disappointed at the UK government’s decision not to introduce minimum unit pricing in England;
ii) condemns efforts by the Scotch Whisky Association to delay implementation of a minimum unit price in Scotland;
iii) calls on the UK government to reconsider its decision not to introduce minimum unit pricing in England;
iv) calls on the Scotch Whisky Association to cease its legal action allowing implementation of minimum unit pricing to be implemented in Scotland.

Motion by ISLINGTON DIVISION: That this Meeting deprecates that the government reneged on their promise on the minimum pricing of alcohol. We congratulate the BMA on its continued campaign on this issue and note with dismay the lobbying activities of the alcohol industry.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting asks the BMA to condemn the government for abandoning a potentially practicable policy of introducing a Minimal Unit Price (MUP) for alcohol after consulting representatives of large drinks firms and supermarkets and burying key evidence on the benefits of MUP in a commissioned report from the University of Sheffield before announcing a change of policy.

Motion by BRISTOL DIVISION: That this Meeting calls on government to develop and adopt a simplified version validated nutritional nutrient profile, which can be used by parents, children and organisations to assess the nutritional value of food. Using a validated profile, to assess healthiness, we also call for the banning of advertising of unhealthy food;- i) on television before 9pm; ii) as part of promotional, or programme-sponsorship aimed at families or children; iii) in any on-demand television programming.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting agrees that “Children are being exposed to TV adverts promoting unhealthy food which should be banned during primetime family viewing. Children should not be commercially exploited and the advertising industry must take some responsibility for helping tackle the growing problem of childhood obesity”.

Motion by SOUTH ESSEX DIVISION: That this Meeting calls on the government for imposition of strict scrutiny of advertisements in the public media including TV, for JUNK FOODs (especially in connection with family oriented TV programmes during prime hours) towards preventing harmful effects on the health of the nation.

Motion by SOUTH WEST RSASC: In the light of the irrefutable public health benefits of the existing restrictions on smoking indoors in public places, this Meeting calls upon the government to extend the ban to include outdoor smoking at establishments where food and beverages are sold for consumption.

Motion by EDGWARE & HENDON DIVISION: That this Meeting calls on the NHS to deliver a programme of public education so that:-
i) patients can confidently self-care their minor illnesses where appropriate;
ii) those with long term conditions can be empowered to more effectively self-manage their condition when appropriate;
iii) the public and patients make use of the limited NHS resource appropriately and responsibly.

**237 Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting recognises that patients in the UK continue to face a mist of cigarette smoke at entrances to hospitals, despite on-going smoking bans and:-

- i) admits that we have failed to fully protect our patients from secondary smoking outside our hospitals despite our persistent efforts;
- ii) recognises that smoking is an addiction much like alcohol and illicit drug use;
- iii) agrees that the time to start treating smoking like an addiction on par with alcohol use, is long overdue;
- iv) believes that the prescription of nicotine replacement therapy to smokers should be placed higher on hospital targets;
- v) calls on the BMA to lobby the government to renew its guidance on the management of inpatients who smoke.

**238 Motion** by SALISBURY DIVISION: That this Meeting calls upon governments to regulate the deployment of the 'Mosquito' ultrasonic weapon against children.

**239 Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the government to raise awareness of the dangers of Shisha smoking and bring it in line with tobacco regulation in the UK.

**240 Motion** by MERSEY RJDC: That this Meeting:

- i) recognises the challenge that obesity poses for the NHS, described by the Foresight group and the Royal College of Physicians London, with one in two adults likely to be obese in 2050;
- ii) also recognises that obese patients often have complex medical, psychological and social needs;
- iii) mandates the BMA to lobby for major investment in multidisciplinary weight management units, including the training of a cohort of specialist bariatric physicians.

**241 Motion** by MANCHESTER & SALFORD DIVISION: That this Meeting recognises that patients in the UK continue to face a mist of cigarette smoke at entrances to hospitals, despite on-going smoking bans and:-

- i) admits that we have failed to fully protect our patients from secondary smoking outside our hospitals despite our persistent efforts;
- ii) recognises that smoking is an addiction much like alcohol and illicit drug use;
- iii) agrees that the time to start treating smoking like an addiction on par with alcohol use, is long overdue;
- iv) believes that the prescription of nicotine replacement therapy to smokers should be placed higher on hospital targets;
- v) calls on the BMA to lobby the government to renew its guidance on the management of inpatients who smoke.

**242 Motion** by LOTHIAN DIVISION: That this Meeting calls the BMA to support the recommendations of Professor Pooley and his team at Lancaster, Leeds and Oxford Universities to encourage regular cycling as a form of transport.

**243 Motion** by MANCHESTER & SALFORD DIVISION: That this Meeting is appalled to observe the increasing number of Paediatric Hospitals selling “junk”
foods, particularly those which are PFI builds and:
  i)  calls for tighter control over the selling of “junk” foods in hospital premises;
  ii) calls for a ban on the presence of fast food outlets on hospital premises;
  iii) calls for the BMA to lobby the DH and NHS to release policy on the sale of
       “junk” foods and presence of fast food establishments on hospital property.

A 244 Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting is appalled
to observe the increasing number of Paediatric Hospitals selling “junk” foods,
particularly those which are PFI builds and:
  i)  calls for tighter control over the selling of “junk” foods in hospital premises;
  ii) calls for a ban on the presence of fast food outlets on hospital premises;
  iii) calls for the BMA to lobby the DH and NHS to release policy on the sale of
       “junk” foods and presence of fast food establishments on hospital property.

Growing up in the UK	Tuesday 10.55 - 11.15

* 245 Motion by SHEFFIELD DIVISION: That this Meeting notes the warning from
the Board of Science that the UK is failing to adequately protect and promote its
children's health and wellbeing, and believes that austerity measures and
welfare reform are disproportionately affecting families and children. We call on
the government to:-
  i)  provide adequate resources for community and family support schemes;
  ii) increase investment in programmes aimed at providing good parenting skills,
      with targeted funding for parents whose children have behavioural problems;
  iii) strengthen the role of health visitors working closely with GPs in strong
      primary care teams;
  iv) increase and protect investment in child and adolescent mental health
      services (CAMHS), and ensure sufficient specialist CAMHS staff are available
      in each locality for assessments and interventions to be offered in a timely
      manner;
  v) improve the quality of social and other housing.

245a Motion by SHEFFIELD DIVISION: That this Meeting believes there is a lack of
governmental accountability for children’s health and wellbeing, and calls on the
BMA to lobby the government to:-
  i)  establish a national oversight mechanism with responsibility for child health
      services that reports at Ministerial level;
  ii) publish an annual report on the health of the nation’s children as a way of
      reviewing trends and assessing what work best to improve child wellbeing.

245b Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes
more could be done to improve the state of our nation's health and asks:-
  i)  for GPs to be resourced to enable better continuity of care for children
      without jeopardising urgent access;
  ii) to resource a named GP for children under five;
  iii) to improve the resourcing of Child and Adolescent Mental Health Services;
  iv) for local authorities to do impact assessments on the effect of new policies
      on children's health;
  v) calls on the govt to monitor Health and Well Being Boards output against the
      CMO for England’s report ‘Our children deserve better - prevention pays’.

246 Motion by SALISBURY DIVISION: That this Meeting calls upon all UK
governments to monitor the impact of austerity and funding cuts on access to
children's health services, especially those for disability.
Motion by TOWER HAMLETS DIVISION: That this Meeting believes that the chronic under-investment and short-term cuts in mental health services are effectively leaving our children's mental health to chance. We call on the government to deliver on its commitment to parity between physical and mental health, and create a whole system of mental health support for children by:-
- promoting the role of schools in spotting the signs of mental ill health, tackling bullying, and teaching issues around emotional well-being;
- investing in the mental health of parents and support for positive parenting techniques;
- ensuring children and young people (and their parents) have timely access to early intervention and psychological therapy services;
- providing comprehensive crisis care through adequate provision of suitable beds for young people who need emergency mental health care, diversion services at the point of arrest for young people who get into trouble with the police, and on-call support and advice in A&E units from liaison psychiatry teams.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting recognises the multifactorial nature of child health and the areas of inequality and believes:-
- in most of the inequalities highlighted in the 1999 report "Growing up in Britain", the gap between the most privileged and least privileged in society has widened;
- the inequalities have consequences for the health of very young children and their reasonable expectation of leading healthy adult lives.

Motion by SALISBURY DIVISION: That this Meeting calls for an independent inquiry to compare the current state of the nation's children's health against the requirements of the Childrens and Maternity Servcies National Service Framework and ongoing Annual Reports into the state of the nation's children's health.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting recognises the past decade has seen some improvements in children, young people and families' health services but believes:-
- the care provided by UK child health services is inferior in many ways to that in comparable European countries;
- child health care in the UK is still delivered in a hospital-centric manner;
- a different model of care that focuses on prevention and integrated services is required.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the government to undertake a public awareness campaign on the dangers of leaving any baby or young child unattended in the vicinity of any dog.

Motion by HAMPSTEAD DIVISION: That this Meeting:-
- deplores the policy of the UK government to disadvantage the emotional and educational development of young children by encouraging their parents to pursue paid work and put their children into subsidised nursery care;
- calls upon the government to recognise and value the role of the 'stay-at home' mother or father.
**PROFESSIONAL REGULATION AND THE GMC**

* 253 Motion by BIRMINGHAM DIVISION: That this Meeting, in the light of the reported deaths of doctors while under GMC investigation, requires:
   i) that the GMC publish the results of its internal review of suicide in doctors facing GMC investigation;
   ii) that the outcome of the GMC-BMA pilot of support for doctors facing investigation be published;
   iii) that the BMA should offer more consistent support to doctors facing GMC investigations.

253a Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting has grave concerns about the suicides and death of doctors while undergoing the GMC investigations. This Meeting has serious concerns about the investigation into these deaths being conducted by the GMC itself and with respect to avoiding conflict of interest calls for an independent review/investigation by a body independent to the GMC into this matter.

* 254 Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting deplores the proposal by the GMC to give full registration to junior doctors at completion of their medical school studies and before they have worked in a supervised capacity managing patients and believes:
   i) this may put the public at risk as such qualified doctors will not have the necessary supervised training which allows them to practice safely;
   ii) this will risk damaging the well-being and career of these young doctors;
   iii) this policy will prejudice the ability of home grown graduates to work in the NHS which has trained them, as they will be competing for posts with doctors from over-seas.

254a Motion by CORNWALL DIVISION: That this Meeting is concerned that the HEE support for GMC registration by examination without clinical apprenticeship as F1, seeks to get them off the hook for failing to deliver, at the price to the profession of oversupply, and the loss of GMC quality control, its major objective. The proposal is being pushed through with indecent haste without informed open debate or consultation; the BMA Council should represent the professions concerns with vigour up to creating a campaign for this important issue.

254b Motion by CONSULTANTS CONFERENCE: That this Meeting deplores the concept of GMC registration being synonymous with passing final medical school exams because:
   i) it removes the opportunity to monitor the clinical work of the newly qualified and identify the clinically incompetent;
   ii) it will remove the pressure to provide a Foundation post for every graduate;
   iii) it will give uncontrolled prescribing rights before individuals have demonstrated competence in a controlled environment.

254c Motion by SCOTTISH SASC: That this Meeting strongly opposes moving the point of registration from the end of the FY1 year to the point of graduation because of patient safety concerns. The preregistration year is an important part of medical training and the present arrangements allow for personal and professional development whilst protecting patient safety.
Motion by WALTHAM FOREST DIVISION: That this Meeting is alarmed that
the issue of remediation has slipped from view in the government's approach to
appraisal and revalidation in England, and insists that its availability, structure
and resourcing should once more have a central position in the discussions.

* Motion by LOTHIAN DIVISION: That this Meeting notes that whilst doctors
accept the principle of appraisal:
i) the present appraisal process is unduly burdensome, requiring doctors to
spend too many hours in unproductive activity that does not enhance patient care, and;
ii) the BMA must demand changes which make this much less time consuming
and better for both doctors and patients.

Motion by LIVERPOOL LMC: That this Meeting believes that the cost
effectiveness of annual appraisal is completely unproven and recommends that
there needs to be only two appraisals in a five year cycle.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SOUTH WEST LONDON DIVISION: That this Meeting:-
i) recognises that the hallmark of a profession is self-regulation;
ii) deplores the increasing regulation of the profession through unelected and
unaccountable members of the GMC and;
iii) supports the return to the election of a majority of licensed medical practitioners to the GMC by the profession.

Motion by LONDON REGIONAL COUNCIL: That this Meeting, in the interests
of professional regulation, calls on the government to amend s. 227 of the
Health and Social Care Act 2012 to ensure that the Privy Council and the GMC
(the relevant 'regulatory body') make arrangements for a ballot of registered doctors to appoint a majority of licensed medical practitioners to the GMC.

Motion by LONDON REGIONAL COUNCIL: That this Meeting supports the
principle that the sole purpose of revalidation is to maintain high standards of medical practice and totally rejects any attempt to link revalidation to trust targets, working patterns or commissioning standards.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes
there is a risk that revalidation may be used management tool by organisations
to coerce medical professionals to prioritise performance management objectives over quality of care and the BMA must be vigilant to protect members.

Motion by SALISBURY DIVISION: That this Meeting regrets the lower standard
of probity expected of some other health service professionals than that
expected of doctors and calls for an equity of sanctions.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting urges the government, regulators, Royal Colleges, provider organisations and professionals to make sure that the health and safety of individuals undergoing cosmetic procedures is prioritised ahead of commercial interest.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes that the practice of holding confidential files by the GMC about Medical Professionals without them being aware is morally wrong and is in breach of
their human rights and calls upon the GMC to stop this with immediate effect.

**Motion** by LEWISHAM DIVISION: That this Meeting deplores the excessive delay in handling complaints to the GMC, both during the initial investigation and during the reapplication process after suspension. This Meeting calls on the BMA to exert pressure on the GMC to dramatically improve the efficiency and effectiveness of the complaints process, thereby minimising the damage to doctors under investigation.

**Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting:-

i) believes that the GMC should adopt the principle that all doctors are innocent until proven guilty;

ii) believes that in many cases the accused is not being informed by the GMC of the allegations against them in advance of their hearing and are being denied the ability to test the evidence against them;

iii) believes that because of these suspect practices, the GMC may be unfairly removing doctors from their employment;

iv) calls on the BMA to conduct an urgent enquiry into the number of doctors removed from their employment using the above suspect practices and report back to the members.

**Motion** by OXFORD DIVISION: That this Meeting believes that the GMC has become too ‘out of touch’ with several normal medical courtesies, and has also become too bureaucratic in recent years with its ‘guidelines’ which are what they say they are i.e. not the law, and may be contrary to good medical practice. An important matter re this is self prescribing for minor treatments, for which doctors have always self-prescribed for themselves and their families and when there may not be ‘over the counter’ similar or equivalent products. The GMC have stated in writing that this practice is not illegal, although it may conflict with their present guidelines. They also recognise emergencies. The problem seems to arise if an inexperienced pharmacist asks the GMC for advice, which is given by lay and non-medical staff.

**Motion** by OXFORD DIVISION: That this Meeting again calls upon the GMC to recognise that doctors retired from main medical practice also can rarely find a still practicing registered doctor to countersign a prescription for a retired doctor either during normal surgery hours, or ‘out of hours’ – those still registered usually being unavailable for this purpose. It is also ridiculous to have to book a surgery appointment for such a matter. Heretofore common sense used to take care of such matters, but with ‘pen-pushers’ and their akin now appearing to run the GMC – common sense appears to have ‘flown out of the window’.

**Motion** by OXFORD DIVISION: That this Meeting believes that when the GMC when it receives complaints from registered doctor, these should be answered by doctors and not solely by non-medical personnel. It is also appalled that even when a formal complaint is made to its Chairman he is not even shown the letter which is totally unsatisfactory.

**Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that before referral to the GMC, the employer must carry out a proper workplace enquiry, not relying on a private company, and giving the practitioner the right to reply.

**Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting believes
that if a doctor is being investigated by an employer, his salary and welfare must be protected.

271 Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting insists that if a person wishes to call themselves a doctor when they are providing clinical care, they must have a medical degree and be licensed by the GMC to provide that service.

272 Motion by RETIRED MEMBERS FORUM: That this Meeting asks the BMA to lobby for better systems of recruitment, retention, development, appraisal and revalidation of managers within the NHS.

273 Motion by LOTHIAN DIVISION: That this Meeting demands that the same standards of confidentiality are applied to medical practitioner information as to patient information, particularly in the area of appraisal documentation.

274 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that all medical appraisals for the purpose of revalidation should be undertaken by doctors and that this includes Public Health doctors.

275 Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting proposes that all practitioners undergoing assessment should have a practitioner member of their choice to be represented in the team and BMA should canvass for this representation.

276 Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting insists that doctors should be able to choose their appraiser from an approved local list of medically qualified appraisers.

277 Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting calls on the BMA to poll doctors regarding the benefit or lack of it of revalidation.

278 Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting questions the GMC’s lack of understanding about having adequate safeguards in the revalidation process for doctors in case of disputes and that the Responsible Officer should be independent of the CCG or the foundation trust.

279 Motion by WALTHAM FOREST DIVISION: That this Meeting insists that the GMC should undertake its responsibility to ensure equity and even-handedness in the application of appraisal and revalidation throughout England.

280 Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting proposes that the BMA should negotiate with private health providers to either bear the cost of appraisal themselves or negotiate a reimbursement from CCG’s for those doctors who are appointed to care for the NHS patients on their premises, as these doctors are already covered by NHS indemnity for their work on private premises. This is only fair and equal as the employees in an NHS trust don’t have to pay for their appraisal.

281 Motion by JUNIOR MEMBERS FORUM: That this Meeting notes a recent GMC rule-change that prohibits trainee doctors from working outside of “Approved Practice Settings” until they have completed revalidation. We believe that doctors’ opportunity to work should be based on their competency for that role and call on the BMA to:
   i) lobby the GMC to provide the evidence and rationale behind this rule change;
ii) lobby the GMC to suggest alternate methods for doctors to demonstrate competency for work outside of "Approved Practice Settings" before revalidation.

282 Motion by OXFORD DIVISION: That this Meeting enjoins the BMA to ensure with the government that disciplinary procedures for medical staff should always conform to agreed national patterns, and that trusts should not consider professional matters regarding patients as personal conduct, thus bypassing safeguards, including legal representation, particularly when no fault has been found by the GMC.

JUNIOR DOCTORS

283 Receive: Report by the Co-Chairs of the Junior Doctors Committee (Andrew Collier and Kitty Mohan).

284 Motion by JUNIOR MEMBERS FORUM: That this Meeting notes the frustrations and difficulties faced by junior doctors due to the lack of advance information about, or last minute changes to, future training posts. We therefore call on the BMA to explore, with employers and education providers, incorporating the “Code of Practice: Provision of Information for Postgraduate Medical Training” into the Terms and Conditions of Service within any new junior doctors’ contract.

* 285 Motion by EAST KENT DIVISION: That this Meeting insists the terms of the Junior Hospital Doctor contract does not allow trusts to dictate precisely when doctors shall take their annual leave.

285a Motion by LONDON REGIONAL COUNCIL: That this Meeting notes the importance of adequate duration of leave on health and well-being and believes that junior doctors should have the right to take two consecutive weeks annual leave at least once a year.

* 286 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SALISBURY DIVISION): That this Meeting believes that the inter-deanery transfer system has the potential to reduce the stress of doctors’ working lives but that the lack of a within-deanery transfer system is impairing the lives of our junior doctors and demands a recognised system for within-deanery transfers.

286a Motion by SALISBURY DIVISION: That this Meeting believes that the inter-deanery transfer system has the potential to reduce the stress of doctors working lives but that the lack of an intradeanery transfer system is impairing the lives of our junior doctors and demands a recognised system for intradeanery transfers.

The motion(s) below, in the shaded area, are unlikely to be reached

287 Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting recognises that the junior doctor portfolio should only be used for professional development rather than for recruitment purposes and that the BMA should ask the Department of Health to deny access by trusts to the trainee doctor’s portfolio at job interview.

288 Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting
is concerned about the safety of junior doctors driving after busy nights on call and urges the BMA to promote sufficient awareness to this danger, thereby encouraging alternative ways to travel.

289  **Motion** by JUNIOR MEMBERS FORUM: That this Meeting recognises the importance of encouraging and supporting trainee doctors with career aspirations outside their own personal branches of practice and requests that the BMA issues a statement:
   i) expressing mutual respect for the knowledge, skills and service provided by colleagues working in specialties other than their own;
   ii) recognising that medical students’ career decisions may be significantly affected by the esteem in which they perceive each specialty to be held by their seniors;
   iii) encouraging all members to actively support trainee doctors’ career aspirations, irrespective of their direction.

290  **Motion** by TOWER HAMLETS DIVISION: That this Meeting notes that newly qualified Junior Doctor posts give preference to those with higher Foundation Programme application scores, and:-
   i) believes that this could lead to a postcode lottery in the quality of NHS care to the detriment of less popular areas;
   ii) calls for the present system to be replaced by one where rotations are randomly allocated in relation to the qualifying doctors preferred list of locations.

291  **Motion** by JUNIOR MEMBERS FORUM: That this Meeting recognises significant disruption and emotional trauma is caused to trainee doctors as a result of poor communication between employers, educational providers and trainees on administrative duties such as distributing working information and planning and processing contractual leave entitlements. We call on the BMA to:-
   i) lobby NHS Employers and educational providers to ensure that all administrative staff receive adequate training to ensure they understand the working conditions for trainee doctors and are able to respond to trainees concerns appropriately;
   ii) actively liaise with educational providers and NHS Employers to standardise the process of applying for leave.

292  **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting notes the move from final salary to CARE pensions and therefore feels that one of the basic principles underpinning junior contract negotiations should be to increase pensionable pay.

293  **Motion** by EAST KENT DIVISION: That this Meeting calls on the BMA to review their strategy for engagement with Junior Doctors and ensure they are more properly informed and prepared for their future in the profession.
Contingency Time		Tuesday 12.15

ANNUAL GENERAL MEETING	Tuesday 12.20 - 12.30

Session closes		Tuesday 12.30

ADDITIONAL PROGRAMME	Tuesday from 14.15

Hall H, Level 4, Harrogate International Centre

'Dr Twitter will see you now: Harnessing the power of Social Media in Healthcare'

Whether you are a social media newbie or a fully fledged member of the twitterati - this session is for you.

‘Dr Twitter will see you now’ focuses on finding out how you can use social media to be a better doctor. Guest speakers will inspire you with personal stories of how they have used social media to promote public understanding of medicine, stir up debate in medical politics and to create peer-to-peer networks to improve medical education.

You will also hear a few cautionary tales and some of the ethical considerations that you need to take into account when using social media.

The session will be interactive - questions to our panel of social media doctors can be submitted during the session using twitter #ARMSoMe.

It will be a fantastic opportunity to learn from some of the pioneers of using social media in healthcare and to share your own experience of using social media.

Confirmed speakers include:
Dr Ben Goldacre, best selling author, journalist and blogger
Dr Natalie Silvey, founder of The Twitter Journal Club

Installation of the President and Awards Ceremony		Tuesday 18.00
294 Receive: Report from the Chairman of Welsh Council (Phillip Banfield).

* 295 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CARDIFF AND VALE OF GLAMORGAN DIVISION): That this Meeting conveys its great concern regarding the continuing recruitment crisis in Wales across the board in primary and secondary care.

295a Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting conveys its great concern regarding the continuing recruitment crisis in rural Wales across the board in primary and secondary care.

295b Motion by NORTH EAST WALES DIVISION: That this Meeting is concerned that the differences in remuneration for GPs between England and Wales will lead to exodus of GPS from Wales specially North East Wales which is in close proximity to English health authorities.

295c Motion by WELSH COUNCIL: That this Meeting respectfully disagrees with the Health Minister in Wales when he states that there is no crisis in GP recruitment and calls upon Welsh government to develop measures to actively aid recruitment to primary care in Wales.

295d Motion by NORTH EAST WALES DIVISION: That this Meeting is concerned about the number of unfilled GP trainee posts in Wales and calls upon the Wales Deanery to take active steps to rectify the situation.

295e Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls on the Welsh Government to drop plans to re-negotiate consultant pay structure in Wales and believes that such a move will have significant detrimental effects on the recruitment and retention of consultants within NHS in Wales.

* 296 Motion by NORTH EAST WALES DIVISION: That this Meeting demands that the Welsh government implements the DDRB recommendation for doctors' pay in full.

296a Motion by NORTH EAST WALES DIVISION: That this Meeting rejects the Welsh government's demand to reduce the doctors pay bill by 1% before awarding a 1% pay rise because:
   i) a pay cut after years of pay freeze is unacceptable;
   ii) doctors should not be made to pay for failure of management by Welsh Assembly;
   iii) the proposal will lead to difficulties in recruitment and retention of doctors in Wales leading to fall in quality of service;
   iv) the calculation is flawed as employers are seeking to recover 1% of the entire medical pay bill (including SAS and junior doctors) from consultants alone, resulting in requiring 4-5% cut in wage bill of consultants, amounting to a pay cut of some £5,000 per annum for each of the next three years!

296b Motion by WELSH COUNCIL: That this Meeting condemns Welsh government demands to cut 1% from the medical pay bill as a pre-condition of contract negotiations, leading to the perverse position where they expect Welsh consultants to endorse a further 5% cut in their pay when they have already
experienced an effective 8% cut from the pension changes, at a time when recruitment and retention of consultants in Wales is facing difficulties compared to England.

**297 Motion** by CLWYD NORTH DIVISION: That this Meeting calls upon Welsh government, Health Boards and the medical profession as a whole to recognise and value the pivotal role of SAS doctors in NHS Wales and to help them develop and formalise their position in the planning and delivery of novel patterns of care in a changing NHS in Wales, with or without forms of credentialing and assistance with training and achieving CESR in creating a sustainable medical work force for Wales.

The motion(s) below, in the shaded area, are unlikely to be reached

<table>
<thead>
<tr>
<th>Motion by WELSH COUNCIL: That this Meeting calls on Health Boards in Wales to work for the benefit of all patients in Wales and to commission cross-border services and training where this is more cost effective to do so.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion by WELSH COUNCIL: That this Meeting calls upon Welsh NHS employers to sign off the agreed Welsh NHS disciplinary procedure as a sign that they are prepared to commission and close off specific items of work instead of pushing tasks round and round in perpetual circles, wasting time, money and resources that would be better spent on patient care.</td>
</tr>
<tr>
<td>Motion by NORTH WEST WALES DIVISION: That this Meeting views with grave concern that if the Welsh government take their proposals forward to reduce consultant pay against a back ground of repeated pay freezes and loss of pension rights that many existing consultants in Wales will leave and vacant posts will be impossible to replace giving rise to severe reduction of the ability of doctors to deliver a safe and effective service to the local population at a time where it is already hard to recruit doctors to North Wales. The Meeting asks the BMA to make robust representation to Welsh government to point out that such a development would increase the cost of agency doctor payment and would therefore not save money and would endanger the services currently provided by doctors in North Wales.</td>
</tr>
<tr>
<td>Motion by CONSULTANTS CONFERENCE: That this Meeting reaffirms its support for the fundamental principle of national contracts and terms and conditions of service for NHS doctors and deplores the Welsh government for proposing local implementation of new terms of service for consultants Health Board by Health Board.</td>
</tr>
<tr>
<td>Motion by WELSH COUNCIL: That this Meeting acknowledges the willingness of Welsh government to negotiate QOF targets that are clinically meaningful, but calls upon them to invest properly in the shift of further care to primary care.</td>
</tr>
<tr>
<td>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting is concerned by the growing disparity in the waiting time targets in Wales when compared to England. This Meeting demands the Welsh and the Westminster Government find additional resources to address this inequality.</td>
</tr>
<tr>
<td>Motion by CLWYD NORTH DIVISION: That this Meeting calls upon Welsh government to recognise and admit that too many beds have been closed in the Welsh NHS, leading to a waiting list crisis, avoidable patient deaths and unnecessary morbidity.</td>
</tr>
</tbody>
</table>
Motions

305 Motion by CLWYD NORTH DIVISION: That this Meeting observes that here still appears to be a gap between the rhetoric of an open and transparent NHS in Wales and the reality of threats of disciplinary action for raising concerns.

306 Motion by CLWYD NORTH DIVISION: That this Meeting calls upon Welsh Health Boards to fully cost and make public their analysis and plans for the ambulance and public transport system changes needed as a result of any hospital reconfiguration plans.

307 Motion by WELSH COUNCIL: That this Meeting is appalled at the way Health Boards have stalled over making plans to cover reconfiguration of training in Wales and calls on Welsh government to make the Welsh Deanery and Health Boards align their plans for the sake and benefit of patients.

308 Motion by WELSH COUNCIL: That this Meeting applauds the Welsh Health Minister’s commitment to prudent health care and co-production but demands that appropriate resources are made available for any transition process.

309 Motion by WELSH COUNCIL: That this Meeting calls upon Welsh government to take responsibility for the NHS in Wales through making sure that WG, HBs and HEIs provide the mechanisms and resources to train Wales from the current and recruitment challenges in Wales.

310 Motion by WELSH COUNCIL: That this Meeting calls on Welsh government and NHS employers in Wales to commit to and fully fund remediation for Welsh doctors in difficulty as a way of supporting and valuing the medical workforce. Furthermore, we demand that the appraisal process is fully supported with time, resources, adequate IT and clinical information, because if appraisal is effective, the number of doctors requiring formal remediation should be very low.

311 Motion by CLWYD NORTH DIVISION: That this Meeting demands that the Welsh Deanery is prevented from insisting on 1:11 on-call rotas in training posts where a significant training occurs out of hours, such as general surgery, acute paediatrics, neonates, obstetrics and A&E.

312 Motion by WELSH COUNCIL: That this Meeting recognises the dire state of training in Wales and calls on NHS Wales and Welsh Deanery to decouple service from training in secondary care, as it is in general practice.

COMMUNITY CARE AND MENTAL HEALTH

Wednesday 09.40 - 10.15

313 Receive: Report from the Chairman of the Community Care Committee (Helena McKeown).

314 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CITY AND HACKNEY DIVISION): That this Meeting notes that evidence from the Netherlands and the UK casts serious doubt on the health benefits and cost effectiveness of Personal Health Budgets and calls for the full evaluation of Personal Health Budget pilots in England before this scheme is rolled out further.

314a Motion by CITY & HACKNEY DIVISION: This Meeting notes that evidence from the Netherlands after 12 years of Personal Health Budgets (PHB) casts
serious doubt on the health benefits and cost effectiveness of Personal Health Budgets. (see BMJ. 2012 Mar 6;344:e1383). Results from pilot sites in England concur with these findings. This Meeting calls on the BMA to demand full evaluation of PHB pilots in England before this scheme is rolled out further, with input from users of services.

314b  **Motion** by TOWER HAMLETS DIVISION: That this Meeting believes that personal health budgets potentially undermine the principle of an equitable NHS and calls for the abolition of personal health budgets.

314c  **Motion** by CITY AND EAST LONDON LMC: That this Meeting believes that personal health budgets potentially undermine the principle of an equitable NHS. This Meeting calls for the abolition of personal health budgets.

314d  **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) believes that personal health budgets potentially undermine the principle of an equitable NHS;
   ii) calls for the abolition of personal health budgets.

* 315  **Motion** by SHEFFIELD DIVISION: That this Meeting deplores the disproportionate additional financial cuts to mental health services and calls on governments to respect the principle of parity of esteem, and to cease stripping mental health services.

315a  **Motion** by SALISBURY DIVISION: That this Meeting deplores the UK government reneging on it’s commitment to parity of esteem between physical and mental illness by targeting mental health budgets.

315b  **Motion** by CONSULTANTS CONFERENCE: That this Meeting:-
   i) welcomes the government’s intention to give mental health parity with physical health in the NHS;
   ii) is concerned however that mental health is seeing greater financial cuts than physical health services;
   iii) calls on the government to back their large number of recommendations made to improve mental health services with the appropriate resources.

315c  **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) deplores the decision by NHS England and the health regulator Monitor to recommend cutting funding for mental health services by 20% more than that for acute hospitals;
   ii) believes this contravenes the governments commitment to give mental health parity with physical health as set out in Health and Social Care Act 2012;
   iii) calls on the BMA to continue to highlight that people with mental health conditions have the same right to healthcare as everyone else.

315d  **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting is dismayed that despite the legal precedent of parity between physical and mental health, the Coalition’s rhetoric does not mirror what is happening on the ground. We urge the BMA to work with the RCPsych and other stakeholders to redress this imbalance.

315e  **Motion** by LINCOLN DIVISION: That this Meeting welcomes the governments’ stated intention to give patients suffering mental ill health the same rights as those suffering physical illness. We also note the concomitant reduction in
funding for NHS Mental Health Services, and call on the BMA to press for equity of funding across physical and mental health domains to ensure that vulnerable patients are protected.

315f Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting deplores the disproportionate additional financial cuts to mental health services and calls on governments to respect the principle of parity of esteem, and to cease stripping mental health services.

* 316 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST REGIONAL COUNCIL): That this Meeting:-
  i) notes that since April 2011 over 1700 acute mental health beds in England have been closed;
  ii) notes the 85% bed occupancy rate recommended by the Royal College of Psychiatrists for acute adult and general psychiatric wards and is concerned that average occupancy levels in England on acute adult and psychiatric beds are now running at 100%;
  iii) believes that any further reduction of bed numbers will result in an inefficient and unsafe system of mental healthcare provision;
  iv) calls for a national review of mental health inpatient bed numbers;
  v) deplores the closure of NHS inpatient beds within the NHS mental health sector, leading to increased cost because of enforced use of private health services, and calls on governments to stop further bed closures;
  vi) calls for further improvements of the provision of mental health services in the community.

316a Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting:-
  i) notes that since April 2011 over 1,711 acute mental health beds in England have been closed;
  ii) notes the 85% bed occupancy rate recommended by the Royal College of Psychiatrists for acute adult and general psychiatric wards and is concerned that average occupancy levels in England on acute adult and psychiatric beds are now running at 100%;
  iii) believes that any further reduction of bed numbers will result in an inefficient and unsafe system of mental healthcare provision;
  iv) calls for a national review of mental health inpatient bed numbers;
  v) calls for further improvements of the provision of mental health services in the community.

316b Motion by SHEFFIELD DIVISION: That this Meeting deplores the closure of NHS inpatient beds leading to increased cost because of enforced use of private health services by the NHS mental health sector and calls on government to stop further bed closures.

316c Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting deplores the closure of NHS inpatient beds within the NHS mental health sector, leading to increased cost because of enforced use of private health services, and calls on governments to stop further bed closures.

316d Motion by SALISBURY DIVISION: That this Meeting calls for the appropriate provision of child and adolescent beds in order to prevent children being admitted inappropriately to adult mental health beds.
Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that despite the commitment in 2013 by the Secretary of State for Health to tackle the leading causes of early death, this government has failed in its duty of care to reduce the levels of preventable premature mortality among patients with a mental health condition and/or intellectual disability. This Meeting calls on the government to make provisions for a national mortality review system for these vulnerable groups as a matter of urgency.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by TOWER HAMLETS DIVISION: That while this Meeting welcomes the progress made since the launch of the Prime Minister’s dementia challenge, we believe the ‘target-driven’ focus on diagnosis is benefiting the political agenda and pharmaceutical industry more than patients, and has failed to lead to a significant improvement in health and social outcomes. We call on the Board of Science to report on this matter.

Motion by SUNDERLAND DIVISION: That this Meeting:-
  i) urges government to work with the people and organisations to stress that each and every individual has a responsibility to manage their own health;
  ii) believes that the mental health services are not in the same pace with as of with acute NHS services in setting standards of patient care and calls on the government to rapid rectification of the situation.

Motion by BIRMINGHAM DIVISION: That this Meeting believes that the stated intention of governments to provide “ageless services” will jeopardise the specialised care of geriatric medicine and old-age psychiatry to the detriment of older patient.

Motion by BIRMINGHAM DIVISION: That this Meeting believes that Community Treatment Orders are ineffective and should be abolished.

Motion by CONSULTANTS CONFERENCE: That this Meeting:-
  i) is concerned that after the abolition of PCTs (Primary Care Trusts), in addition to waiting times increasing for adolescent psychiatric in-patient unit beds, teenagers have more often been placed at considerable distance from their families, sometimes hundreds of miles away;
  ii) deplores the harm that this is to young people, including the limited opportunities to maintain contact with their family, and for their family to be involved in treatment;
  iii) calls on the government to organise and resource, in a targeted way, timely and local provision for these vulnerable teenagers.

MEDICAL ETHICS

Wednesday 10.15 - 11.20

Receive: Report from the Chairman of the Medical Ethics Committee (Tony Calland).
* 324 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CARDIFF AND VALE OF GLAMORGAN DIVISION): That this Meeting calls on the UK Government to protect girls and young women from the illegal practice of female genital mutilation (FGM) and calls for:-
   i) promotion of joint training and strategy on FGM for health, education, social work, police and prosecution services;
   ii) appropriate prosecution of perpetrators of the crime;
   iii) the government to follow the example of France and implement physical examination of girls which may require the reinstatement of school medical services.

324a Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting:
   i) condemns all HCPs who comply with cover up or non prosecution of Female Genital Mutation;
   ii) urges DPP to prosecute all cases of FGM;
   iii) calls on schools to be aware of the problem and encourage girls at risk of FGM to be made aware of the problem and given preventive protection by social services.

324b Motion by EDGWARE & HENDON DIVISION: That this Meeting is concerned that no-one has been successfully prosecuted in the UK for the act of female genital mutilation yet legislation is now being perversely misapplied to prosecute a doctor assisting a mother to repair this action following childbirth.

324c Motion by ISLINGTON DIVISION: That this Meeting deplores that there have been no prosecutions for the primary offence of Female Genital Mutilation. We call on the govt to follow example of France and implement physical examinations of girls, which may require the reinstatement of school medical services.

324d Motion by GLASGOW LMC: That this Meeting notes with dismay the recent revelations that not only are girls and young women living in Scotland being subject to female genital mutilation (FGM) but there is evidence that girls and young women are being brought to Scotland to be subjected to FGM because of perceived lower awareness of this abuse in Scotland. This Meeting therefore calls on the Scottish and UK governments to protect girls and young women from this illegal practice by:-
   i) promoting joint training on FGM for health, social work, education, police and prosecution services;
   ii) developing a strategy for protection shared by the police, health, social work and education sectors;
   iii) taking urgent measures to secure prosecution of perpetrators of this crime.

324e Motion by SCOTTISH CONFERENCE OF LMCS: That this Meeting notes with dismay the recent revelations that not only are girls and young women living in Scotland being subject to female genital mutilation (FGM) but there is evidence that girls and young women are being brought to Scotland to be subjected to FGM because of perceived lower awareness of this abuse in Scotland. This Meeting therefore calls on the Scottish government to protect girls and young women from this illegal practice by:-
   i) promoting joint training on FGM for health, social work, education, police and prosecution services;
   ii) developing a strategy for protection shared by the police, health, social work and education sectors;
iii) taking urgent measures to secure prosecution of perpetrators of this crime in Scotland.

* 325 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE MACHESTER & SALFORD DIVISION): That this Meeting notes with regret that brain stem testing is not carried out in the UK on children below the age of two months, significantly reducing the benefits we are able to deliver to other children of that age who require a transplant, and calls on the BMA to lobby for the current guidelines (originally published in 1991) to be updated to reflect current research and practice in other countries.

325a Motion by MANCHESTER & SALFORD DIVISION: That this Meeting notes with regret that advances in Paediatric organ donation in children below 2 months of age in the UK is stunted by Guidance released by Conference of Medical Royal Colleges in 1991 and:-
   i) notes that the current policy impacts the care we are able to deliver to children below 2 months requiring an organ transplant;
   ii) observes the challenges faced and impracticality in importing organ donations from Europe;
   iii) calls on the BMA to lobby UK Donation Ethics Committee and Academy of Medical Royal Colleges to update guidance in line with current research.

325b Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes with regret that advances in Paediatric organ donation in children below 2 months of age in the UK is stunted by Guidance released by Conference of Medical Royal Colleges in 1991 and:-
   i) notes that the current policy impacts the care we are able to deliver to children below 2 months requiring an organ transplant;
   ii) observes the challenges faced and impracticality in importing organ donations from Europe;
   iii) calls on the BMA to lobby UKDEC and AoMRC to update guidance in line with current research.

* 326 Motion by LOTHIAN DIVISION: That this Meeting is delighted to note that the numbers of people joining the voluntary organ donation register in Scotland has increased and:-
   i) congratulates the transplant co-ordinators and others involved in achieving this increase;
   ii) calls upon the BMA to concentrate its energy and resources on promoting voluntary donation until there is robust evidence that a switch to an 'opt out' system would make significant improvement.

326a Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting congratulates the Welsh Government on its organ donation initiative and calls on the West Minister Government to allocate additional funds to adequately resource hospital services required to support the changes to the organ donation system in Wales.
Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE BIRMINGHAM DIVISION): That this Meeting recognises the value of clinical guidelines and standards in supporting best practice, such as end of life pathways and:-
   i) is concerned that such guidance, in the form of the Liverpool Care Pathway, has been withdrawn from the practice of palliative care;
   ii) is opposed to any financial incentives being involved when making decisions on end of life care pathways;
   iii) calls for the prompt introduction of new patient-focused multidisciplinary clinical guidelines and standards, including communication skills training, for the palliative care management of dying patients.

Motion by BIRMINGHAM DIVISION: That this Meeting notes the findings of the Neuberger Report on the Liverpool Care Pathway and instructs the BMA to oppose the use of financial incentives when making decisions on end of life care pathways.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting recognises the value of clinical guidelines and standards in supporting best practice and guiding treatment and is concerned that such evidence based practice, namely the Liverpool Care Pathway, has been withdrawn from the practice of palliative medicine. In order to facilitate best practice and minimise unwarranted variation in standards of care, we call upon the BMA to lobby for:-
   i) the prompt introduction of patient focused, multidisciplinary clinical guidelines for the palliative management of the dying patient;
   ii) universal and comprehensive training in to junior medical staff in the communication skills that are so vital to this field, and in the clinical implementation of this new guideline.

Motion by LONDON REGIONAL COUNCIL: That this Meeting demands that all organisations providing pregnancy advice services be legally required to state:-
   i) whether they support or oppose a woman’s right and access to abortion;
   ii) whether or not they have a financial interest in the provision of abortion.

Motion by CITY & HACKNEY DIVISION: That this Meeting deplores examples of private counselling services giving incorrect information to women thinking about termination, such as that abortion could give them cancer, make them infertile, or turn them into child abusers. This Meeting demands the BMA insist that all organisations providing pregnancy advice services be legally required to state transparently whether they support or oppose women’s access to abortion.

Motion by TOWER HAMLETS DIVISION: That this Meeting demands all organisations providing pregnancy advice services be required to be transparent about whether they support or oppose women’s choice on abortion.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by NORTH EAST WALES DIVISION: That this Meeting categorically denounces so called ‘gay to straight’ psychotherapy as being unscientific, lacking an evidence base & insulting to LGBT members of this Union and of society in general.

Motion by NORTH EAST WALES DIVISION: That this Meeting categorically
opposes so called 'gay to straight' psychotherapy being made available on the NHS.

331 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting:-
i) notes that the significant majority of responses to the recent RCGP members’ consultation were in favour of maintaining opposition to assisted dying;
ii) notes that the Belgian Parliament have recently enacted legislation to extend euthanasia to children;
iii ) believes that any proposed legislation for limited assisted dying in the UK would be at risk of future incremental extension, as observed in Belgium;
iv) calls for the BMA to highlight to UK parliamentarians the risk that incremental extension of assisted suicide and euthanasia may follow the introduction of limited assisted suicide legislation in the UK.

332 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
i) notes the enactment by the Belgian Parliament on February 14th of legislation permissive of euthanasia for children;
ii) supports the Belgian Medical Association and the International Congress on Paediatric Palliative Care in condemning the legislation of euthanasia for children.

333 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting condemns the extension of euthanasia in Belgium to apply to children.

334 **Motion** by CONSULTANTS CONFERENCE: Following the enactment by the Belgian Parliament on February 14th of legislation permissive of euthanasia for children, this Meeting supports the Belgian Medical Association and the International Congress on Paediatric Palliative Care in condemning the legalisation of euthanasia for children.

335 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting deplores continuing attempts to bring about legalisation of physician-assisted suicide without proper regard to the vulnerability of many terminally ill patients.

* 336 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LONDON REGIONAL COUNCIL): That this Meeting:-
i) notes the results of the Royal College of General Practitioners survey confirming opposition to any change in the law, in keeping with the policies of the Royal College of Physicians of London and of the BMA;
ii) calls on the BMA to formally consult members on assisted dying.

336a **Motion** by LONDON REGIONAL COUNCIL: That this Meeting welcomes the results of the Royal College of General Practitioners survey on assisted dying which confirms the over-whelming opposition of the country’s general practitioners to any change to the law which would permit assisted dying, noting that this result is in keeping with the policies of the Royal College of Physicians and the BMA.

336b **Motion** by JUNIOR MEMBERS FORUM: That this Meeting:
i) notes the recent consultation by the RCGP of its membership regarding its position on assisted dying and recognises the wide range of opinions in the medical profession regarding the debate;
ii) calls on the BMA to formally consult members on assisted dying.
336c  **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting asks the Secretary of State for Health to ensure that doctors who authorise abortions under Ground C have postgraduate training in mental health.

336d  **Motion** by SHROPSHIRE DIVISION: That this Meeting:-
   i) supports the philosophy of the Department of Health: ‘No decision about me without me’;
   ii) recommends that patient autonomy should extend to choices around end of life care;
   iii) notes that there is overwhelming public support for allowing a doctor to end the life of an autonomous patient who is suffering unbearably with a painful terminal illness;
   iv) recognises that some doctors hold strong moral views on both sides of the debate about Assisted Dying;
   v) calls for a survey of the views of all BMA members in relation to Assisted Dying.

336e  **Motion** by BRISTOL DIVISION: That this Meeting believes that in terminal illness:-
   i) not all suffering at the end of life can be satisfactorily alleviated;
   ii) that at these times it is reasonable to see death as a release from suffering;
   iii) that at these times it may be the wish of patients to choose this release rather than continue suffering;
   iv) that is not always unethical for doctors to support this decision by assisting to end their life;
   v) we request the Medical Ethics Committee to publish a document exploring the issues that would need to be addressed for this to be safely legalised;
   vi) we request that the BMA conduct a survey of their members attitudes to assisted dying.

336f  **Motion** by RETIRED MEMBERS FORUM: That this Meeting recognises that 33% out of 1001 GPs were in favour of a physician-assisted death for themselves and that an equal percentage were opposed and therefore recommends:-
   i) that the BMA recognise that Assisted Dying is a matter for society and not for the medical profession alone;
   ii) that the BMA should ensure that its policy on Assisted Dying truly reflects the views of the majority of its members and therefore undertake a survey of the membership on its current opposition to a change in the law on Assisted Dying for the mentally competent, terminally ill patient.

336g  **Motion** by TOWER HAMLETS DIVISION: That this Meeting notes the BMA’s brief to the House of Lords debate on Assisted Dying in December 2013, stated that ‘the BMA represents doctors throughout the UK who hold a range of views on the issue of assisted dying’. This Meeting believes that:-
   i) legalising assisted dying is a matter for society and not for the medical profession alone to decide;
   ii) that the BMA should survey its membership as to whether the BMA should maintain its opposition to, or adopt a neutral position on a change in the law on Assisted Dying for the terminally ill.

336h  **Motion** by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) notes that the BMA’s brief to the House of Lords debate on Assisted Dying in December 2013, stated that ‘the BMA represents doctors throughout the UK
who hold a range of views on the issue of assisted dying’;
ii) believes that legalising assisted dying is a matter for society and not for the medical profession alone to decide;
iii) believes that the BMA should survey its membership as to whether the BMA should maintain its opposition to, or adopt a neutral position on a change in the law on Assisted Dying for the terminally ill.

336i Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that the BMA’s brief to the House of Lords debate on Assisted Dying in December 2013, stated that ‘the BMA represents doctors throughout the UK who hold a range of views on the issue of assisted dying’. This Meeting believes that:-
i) legalising assisted Dying is a matter for society and not for the medical profession alone to decide;
ii) that the BMA should survey its membership as to whether the BMA should maintain its opposition to, or adopt a neutral position on, a change in the law on Assisted Dying.

336j Motion by SUFFOLK DIVISION: The BMA’s brief to the House of Lords debate on Assisted Dying in December 2013, stated that ‘the BMA represents doctors throughout the UK who hold a range of views on the issue of assisted dying’. This Meeting:-
i) believes that legalising assisted dying is a matter for society and not for the medical profession alone to decide;
ii) accepts that a significant number of doctors in the UK are in favour of Assisted Dying.

336k Motion by CITY & HACKNEY DIVISION: That this Meeting believes that the BMA should survey its membership as to whether the BMA should maintain its opposition to, or adopt a neutral position on, a change in the law on Assisted Dying for the mentally competent terminally ill patient. This Meeting suggests the survey could be undertaken via a well publicised online poll of all members.

336l Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that there is overwhelming public support for allowing a doctor to end the life of a patient with a painful terminal disease and this meeting recommends:-
i) there should be increased choice for patients who wish to die at home;
ii) legalising Assisted Dying for the terminally ill is a matter for society at large;
iii) that the BMA should survey its membership as to whether the BMA should maintain its opposition to or adopt a neutral position on a change in the law on Assisted Dying for the mentally competent, terminally ill patient.

336m Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting whilst acknowledging that doctors hold a wide range of opinions on assisted dying, including opposition, support and neutrality:-
i) recognises that the majority of the public who responded to the recent British Social Attitudes survey supported allowing assisted dying for a mentally competent, terminally ill patient with legal safeguards;
ii) calls on the BMA to undertake a survey of the membership on its current stance regarding a change in the law on Assisted Dying for the mentally competent, terminally ill patient.

336n Motion by AVON LMC: That this Meeting calls for GPC to survey all general practitioners on their views about assisted suicide.

336o Motion by ISLINGTON DIVISION: That this Meeting supports good quality,
patient-centred end of life care and recommends:-

i) that patients should be allowed to choose where they wish to die;

ii) that the BMA should survey its membership on whether to move to a neutral position or maintain the current position in relation to Assisted Dying for the mentally competent, terminally ill patient..

337 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting agrees that abortions carried out solely on grounds of sex selection are in breach of the Abortion Act 1967.

338 **Motion** by TOWER HAMLETS DIVISION: That this Meeting calls on the BMA to set up a working party to look at the possibility of decriminalising abortion.

339 **Motion** by RETIRED MEMBERS FORUM: That this Meeting calls on the BMA to set up a working party to look at the advantages and disadvantages of decriminalising abortion in view of the actions taken against doctors in 2012-13.

340 **Motion** by CITY & HACKNEY DIVISION: That this Meeting notes that abortion remains an offence under the 1861 ‘Offences Against the Person Act’. Women need support and confidential counselling when making difficult decisions around pregnancy and neither women nor doctors should face criminal sanctions. This Meeting calls on the BMA to set up a working party to look at the possibility of decriminalising abortion.

341 **Motion** by ISLINGTON DIVISION: That this Meeting calls on the BMA to set up a working party to look at the advantages and disadvantages of decriminalising abortion in view of the actions taken against doctors in 2012-3.

342 **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting indicates that male circumcision done by removing the whole foreskin radically is not evidence-based and also may be harmful so the BMA scientific division should undertake to bring this to all the practitioners.

343 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting feels that non-medical genital mutilation of babies and children conflicts with a child’s right to autonomy and physical integrity, and instructs the Medical Ethics Committee to raise this issue with governments.

344 **Motion** by SHROPSHIRE DIVISION: That this Meeting notes resolution 1952 of the Parliamentary Assembly of the Council of Europe (PACE) in October 2013. Resolution 1952 explicitly includes both female genital mutilation and the circumcision of young boys for religious reasons within the ‘category of violation of the physical integrity of children, which supporters of the procedures tend to present as beneficial to the children themselves despite clear evidence to the contrary.’ This Meeting:-

i) calls for all children to be safeguarded from serious harm whatever their gender and whatever the beliefs or social status of their parents or guardians;

ii) deplores the fact that children are still suffering from serious harm caused by ritual genital cutting resourced by the NHS and performed by GMC registered doctors;

iii) insists on gender equality of GMC policies in respect of non-therapeutic forced genital surgery of children;

iv) calls for no further commissioning or funding of non-therapeutic genital surgery of children in the NHS.

345 **Motion** by ISLINGTON DIVISION: That this Meeting deplores that private
company counselling services for abortions have given incorrect advice to women. We call upon the DoH to remove these companies from the list of approved counselling services in NHS choices.

346 Motion by TOWER HAMLETS DIVISION: That this Meeting calls for consent to abortion to be brought into line with other medical and surgical procedures and to end the requirement for the certification by two doctors.

347 Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting expresses concern at proposals for legalisation of assisted suicide which seeks to embed such practices within clinical care in the face of opposition from the majority of practising doctors.

348 Motion by LONDON REGIONAL COUNCIL: That this Meeting recognises the over-whelming consensus of the recent Royal College of General Practitioners’ survey which rejects calls to legislate for assisted dying and which endorses the view of the Royal College of Physicians that the duty of a physician does not in any way include being part of their suicide and we reject the proposal of Lord Falconer’s self-styled Commission on Assisted Dying that physician-assisted suicide should be legalised.

349 Motion by BRISTOL DIVISION: That this Meeting believes that any legislative proposals in relation to assisted suicide and euthanasia should be debated on the clear understanding that such acts do not form part of health care provision and that doctors would not be involved in the implementation of any law that might be passed to legalise such acts.

350 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that retired members should pilot a change in the law on assisted dying.

351 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting would not object to a change in the law to allow assisted death.

352 Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that any person who is terminally ill and mentally competent should have the opportunity to choose the circumstances of her/his death and asks the BMA to support the legalisation of assisted dying.

353 Motion by BRISTOL DIVISION: That this Meeting believes in individual autonomy and the right to chose death, where an informed patient has capacity to give consent.

354 Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting believes that abortion on the grounds of gender alone is unacceptable.

355 Motion by LONDON REGIONAL COUNCIL: That this Meeting notes that abortion is the only medical or surgical procedure which requires certification by two doctors before it can legally proceed. This Meeting calls for abortion to be brought in to line with other medical and surgical procedures and for an end to the requirement for certification by two doctors.
HEALTH INFORMATION MANAGEMENT AND IT

Contingency time

Wednesday 11.20

Wednesday 11.25 - 11.45

* 356 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SUFFOLK DIVISION): That this Meeting agrees that the care.data system should not continue in its present form as:-

i) it lacks confidentiality and there is a possibility for individual patient data to be identified;

ii) it carries the risk of GPs losing the trust of their patients who may feel constrained in confiding in them;

iii) the future potential users of the data are not well defined;

iv) it should be an opt-in system rather than an opt-out one;

v) the data should only be used for its stated purpose for improving patient care and not sold for profit.

356a Motion by SUFFOLK DIVISION: That this Meeting agrees that the Care.Data system should not continue in its present form as:-

i) it lacks confidentiality and there is a possibility for individual patient data to be identified;

ii) it carries the risk of GPs losing the trust of their patients who may feel constrained in confiding in them;

iii) the future potential users of the data are not well defined;

iv) it should be an opt-in system rather than an opt-out one;

v) it should not be a source of revenue for NHS England; and asks Council to lobby for reform of the section of the Health and Care Bill that relates to Care.Data.

356b Motion by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting in respect of care.data:-

i) believes its introduction has been nothing short of a disaster and approves the decision of NHS England to put its roll out on hold until the autumn;

ii) believes that GPs have been placed in a difficult position in respect of the demands of the Health and Social Care Act and the Data Protection Act;

iii) asserts that data is pseudonymised or anonymised before it leaves the practice;

iv) asserts that extraction should only take place with the explicit and informed consent of patients opting-in;

v) insists that it should only be used for its stated purpose of improving health care delivery, and not sold for profit.

356c Motion by EASTERN REGIONAL COUNCIL: That this Meeting agrees that the care.data system should not continue in its present form as:-

i) it lacks confidentiality and there is a possibility for individual patient data to be identified;

ii) it carries the risk of GPs losing the trust of their patients who may feel constrained in confiding in them;

iii) the future potential users of the data are not well defined;

iv) it should be an opt-in system rather than an opt-out one;

v) it should not be a source of revenue for NHS England;

and asks Council to lobby for reform of the section of the Health and Social Care Act that relates to care.data.
356d Motion by CITY & HACKNEY DIVISION: That this Meeting supports collecting patient data for health service planning and improvement provided it is in the best interests of patients, has strictly controlled anonymity and accountable to patients. The HSCIC’s recent actions and future plans fulfil none of these essential criteria. We call on the ARM and BMA Council to:-
   i) withdraw support entirely from the HSCIC and the Care. Data plans;
   ii) call for an independent body to plan and oversee patient data collection;
   iii) recommend the criteria for data collection be drawn up jointly by patient representatives (eg patients assoc) and professional representatives (eg RCGP & BMA).
   iv) actively support primary care organisations who will only collect data on an opt in basis if they do not consider essential patient safeguards are in place.

356e Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting applauds the recent delay on implementation of uploads to care.data and demands that the government addresses concerns expressed by doctors and patients.

356f Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting regrets the lack of information from the government re care.data and requests the BMA to make greater efforts to:-
   i) inform the membership of the implication of the Act and;
   ii) accept as policy that the default situation should be that the patient’s permission for their data to be uploaded should be sought first.

356g Motion by EAST DORSET DIVISION: That this Meeting believes that the use of care.data would be incredibly useful for medical research and lead to real benefits for patients. However, we urge the government and NHS to:-
   i) provide more, and better education for the public, press and health professionals about its aims, objectives and safeguards;
   ii) ensure that the safeguards in place adhere to the highest possible standards to protect patients from being identified or targetted by a third party;
   iii) ensure that the doctor / patient relationship is not put at risk by concerns over trust and confidentiality of information.

356h Motion by ISLINGTON DIVISION: That this Meeting notes that the DoH has implemented a 6 month pause to uploading care data. However, we call on the BMA to ensure that data collected from GP records and HES under the care.data scheme is only available to bonafide researchers and NHS staff and not given or sold to private companies.

356i Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting calls for an ‘opt-in’ model to be used for the English care.data programme.

356j Motion by TRENT RSASC: That this Meeting welcomes the delay in the date for upload of care.data, and calls on NHS England to address concerns expressed about the process by doctors and patients.

356k Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting is alarmed at the government’s handling of the care.data scheme, and considers:-
   i) that the public have not been well-informed about what will happen to their data;
   ii) that health professionals have other priorities than counselling patients about giving their consent to share;
   iii) that the “opt-in” position is the right one.
356i **Motion** by LEWISHAM DIVISION: That this Meeting believes medical confidentiality remains a key professional principle. This Meeting nonetheless recognises the importance of population-level data. This Meeting requires the BMA to demand that the government ensures that the care.data project will only be implemented if it demonstrably meets the highest standards of information governance. It notes that this does preclude the sale of such data to commercial interests.

356m **Motion** by WALTHAM FOREST DIVISION: That this Meeting eagerly awaits the revised care.data proposals from this government, but insists that until security and protection of information can be guaranteed, a decision must be taken in favour of opt-in and not opt-out.

356n **Motion** by HOLLAND DIVISION: That this Meeting welcomes the pause in the roll-out of care.data and demands that:-
   i) implementation is not restarted until concerns of patients and clinicians have been addressed;
   ii) HSCIC run an extensive campaign to ensure the public are fully informed about the use of care.data;
   iii) data for upload is pseudonymised at source.

356o **Motion** by BUCKINGHAMSHIRE DIVISION: That this Meeting condemns the care.data system for flagrantly breaching patients rights to the confidentiality of their medical records and:-
   i) believes that the name "care.data" was chosen to mislead the public into thinking the extraction of their medical information is to improve their personal care;
   ii) believes that the Secretary of State for Health acted shamefully in using the Health and Social Care Act 2012 to gather patient identifiable data for potential commercial gain;
   iii) welcomes NHS England's belated acknowledgement that a junk mailing to a household is not an adequate method of informing patients of their rights;
   iv) calls on the BMA Council to work with all concerned parties to get clauses in the Health and Social Care Act which allow data extraction repealed.

356p **Motion** by LONDON REGIONAL COUNCIL: That this Meeting applauds the DOH for calling for a six month pause to the care.data project. The Meeting demands a guarantee that, should the project proceed after the pause that:-
   i) all uploaded data will only be used for direct patient care within the NHS and individually approved medical research projects;
   ii) no data will be transferred to the commercial sector including any future commercial arm of the NHS;
   iii) no data will be uploaded without the explicit, expressed consent of the patient.

357 **Motion** by EDGWARE & HENDON DIVISION: That this Meeting instructs the BMA to produce a comprehensive analysis on the implications of remote electronic consultations with patients, considering ethics, confidentiality, clinical safety and standards for all doctors who may consult with patients remotely.

*The motion(s) below, in the shaded area, are unlikely to be reached*

358 **Motion** by LOTHIAN DIVISION: That this Meeting advocates the mandatory use of a universal unique identifier for all NHS documentation, to allow all data to be linked and thus to be available to those caring for each patient.
Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting is concerned that the increasing amount of template-driven data entry into Primary Care patient records will:-

i) place demands on data storage capacity which cannot be met in a decreasing cost envelope;

ii) make it increasingly difficult for clinicians to retrieve the data needed for their care of each patient and calls on the BMA to lobby governments to highlight this issue.

Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that the extraction of confidential medical information from GPs computers, in the care.data scheme, has everything to do with commissioners tracking how patients use services so that ‘service redesign’ and insurance policies can be developed by CSUs. This Meeting condemns BMA Council for agreeing to this extraction of patients’ data in the first place and calls on the union to fight against this appropriation of patients’ data for commercial purposes.

Motion by EAST KENT DIVISION: That this Meeting demands that any centrally held data base of personal and health record must include the following safeguards:-

i) data should be sourced from NHS England and general practice records on an ‘as required request’ with fully informed consent;

ii) each individual on a central database should be identified;

iii) the data must be supervised by a medically qualified guardian;

iv) access to the data must be made through an independent ethics committee;

v) the data storage must be totally secure;

vi) the data should be specifically dedicated to the public interest for research and health service development and strongly recommends that each person in the UK opts out of any government centrally held database until these safeguards have been introduced.

Motion by SCOTTISH COUNCIL: That this Meeting bemoans the problems associated with handwritten notes and insists that the BMA lends support to the use of electronic tools to rapidly relay unambiguous prescribing recommendations to GPs, about treatments that specialists wish patients to receive, following discharge from hospital and from outpatient clinics.

Motion by EDGWARE & HENDON DIVISION: That this Meeting requests the BMA to provide an analysis of the unintended consequences and risks of online access by patients to their detailed GP record, and to influence government policy accordingly.

Motion by OXFORD RJDC: That this Meeting strongly believes in the principles of patient autonomy and patient confidentiality as the foundation of all clinical work and therefore:-

i) supports each patient’s choice to object to the storage of their data in a central database, through an opt-out system;

ii) demands the right of each patient to view all of their stored data, to be informed with whom their data is shared, and to have any objections to its accuracy recorded;

iii) calls for access to pseudonymised data to be limited to situations in which there is a public interest (for example, a specific research hypothesis);

iv) requires data cannot be traced back to the individual patients if data is shared outside the NHS, without the consent of its use for this purpose by patients;
v) opposes the use of patient data by NHS and government to generate profit.

Motion by HOLLAND DIVISION: That this Meeting deplores the fact that Connecting for Health failed to deliver the secondary care Electronic Patient Record.

Motion by LOTHIAN DIVISION: That this Meeting deplores any move to use data from radiology department discrepancy meetings for any purpose other than quality improvement.

FINANCES OF THE ASSOCIATION Wednesday 11.45 - 12.10

Receive: Report by the Treasurer (Andrew Dearden).

Motion by TREASURER: That the Annual Report of the directors, Treasurer’s report and financial statements for the year ended 31 December 2013 as published on the website be approved.

Motion by TREASURER: That subscriptions outlined in Appendix IV of document ARM1A be approved from 1 October 2014.

* Motion by RETIRED MEMBERS FORUM: That this Meeting, recognising the Lancet Commission’s description of Climate Change as “the greatest threat to human health of the 21st century”, urges the BMA to:-

i) facilitate the widest possible alliance of healthcare bodies to ensure that the co-benefits to health and the economy of reducing greenhouse gases are more widely understood, and incorporated into health and economic policy;

ii) transfer their investments from energy companies whose primary business relies upon fossil fuels to those providing renewable energy sources;

iii) transfer to electricity suppliers who are “100% renewable”.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting recognising the Lancet Commission’s description of climate change as “the greatest threat to human health of the 21st Century”, this meeting urges the BMA to:-

i) facilitate the widest possible alliance of healthcare bodies to ensure that the co-benefits to health and the economy of reducing greenhouse gases are more widely understood, and incorporated into health and economic policy;

ii) transfer its investments from energy companies whose primary business relies upon fossil fuels to those providing low carbon energy sources;

iii) transfer to an electricity supplier who is “100% renewable”.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting acknowledges the huge human health costs of climate change and air pollution, recognises that these problems are largely created by fossil fuel-based energy production, affirms the consequent need for rapid implementation of renewable energy generation, and:-

i) urges the BMA to divest completely from companies involved in fossil fuel extraction and energy generation;

ii) recommends that divested assets be reinvested in companies providing renewable energy;

iii) calls upon each political party to commit, in their manifesto, to the home insulation programme proposed by the Energy Bill Revolution campaign and to binding renewable energy targets at the national, European and global level.

Motion by SHEFFIELD DIVISION: That this Meeting welcomes the reports
published in recent months by the Intergovernmental Panel on Climate Change, the Royal Society, the American Association for the Advancement of Science and other leading scientific bodies highlighting the need for urgent and drastic action to mitigate climate change, and urges the BMA to:

i) work with all members of the health community, nationally and internationally, to ensure that health workers, policy makers and the public understand the health impacts of climate change and the co-benefits of climate change mitigation;

ii) lobby the government to ensure that these impacts are incorporated into health, economic and energy policy;

iii) transfer its investments from fossil fuel energy companies to those providing healthy, low-carbon energy generation.

371 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting calls for all BMA expenses and honoraria to be listed and available for scrutiny by BMA members.

*The motion(s) below, in the shaded area, are unlikely to be reached*

372 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting calls upon the Treasurer in his annual report to publish full details and costs of all overseas travel paid for by the BMA for all members and staff.

373 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting should not spend membership subscription income on charitable donations.

**CHARITIES**

Wednesday 12.10 - 12.15

374 **Receive**: Report from the Chairman of the Charities Committee (Andrew Mowat).

**CHAIR OF COUNCIL’S QUESTION AND ANSWER SESSION**

Wednesday 12.15 - 12.30

Opportunity for representatives to ask questions of the Chair of Council.

**Session closes**

Wednesday 12.30

**FORENSIC MEDICINE**

Wednesday 14.00 - 14.20

375 **Receive**: Report from the Co-Chairs of the Forensic Medicine Committee (Rachael Pickering and Michael Wilks).

376 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting notes the confused response to recent government consultations on drug-driving legislation, and the likelihood that setting legal limits for many drugs involved in road traffic offences will attract significant legal challenges in court. This Meeting supports a zero-tolerance approach to drug-driving.

377 **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting is worried about the number of deaths during time in custody by restraint methods and urges the BMA to investigate and deal with it.

*The motion(s) below, in the shaded area, are unlikely to be reached*

378 **Motion** by EDGWARE & HENDON DIVISION: That this Meeting requests the
Association of Chief Police Officers to review the engagement of nurses and paramedics in the forensic medical services as there are flaws in the service being provided, that safety is compromised, and that criminal justice is not being adequately provided.

Motion by MID-SURREY KINGSTON & ESHER DIVISION: That this Meeting requests Council to press for a national detoxification scheme for HM prisoners whereby successful participants receive a remission of sentence.

ARME & FORC

Motion by CONFERENCE OF LMCs AGENDA COMMITTEE: That this Meeting:-
   i) deplores the government decision to no longer fund an occupational health service for GP practices (unless there is a performance issue);
   ii) deplores the government decision that requires trainee general practitioners to now fund their own occupational health assessment before they can start work;
   iii) calls on GPC to strive for continued funding to maintain a high quality, long term service to GPs and their staff;
   iv) demands that NHS England ensure a comprehensive occupational health service is made available to all members of staff in GP practices;
   v) demands that NHS England ensure a comprehensive occupational health service is made available to all locum GPs on the performers lists.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting notes with dismay NHS England’s intention to axe funding for GP occupational health support (unless performance concerns are raised) at a time when half of GPs are at high risk of burnout. It therefore urges NHS England to reverse this decision and to ensure that this vital service is made available to all those in need of occupational health support at no additional cost to the individual GP or his/her employer.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting:-
   i) condemns the cuts by NHS England to occupational health services provided to GP practices;
   ii) demands that NHS England ensure a comprehensive occupational health service is made available to all members of staff in GP practices in England.

Motion by JUNIOR MEMBERS FORUM: That this Meeting laments the withdrawal of funding for occupational health services for GPs and fears that this will negatively impact on practitioners’ wellbeing as well as patient care. We call on the BMA to lobby NHS England and the government to reinstate funding for occupational health budgets.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting is dismayed that Area Teams have disregarded the instruction by NHS England to preserve funding of occupational health services for GPs and urges the BMA to negotiate
the provision of a proper and effective service for GP occupational health which will support the workforce and prevent performance issues arising.

382e **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting knows that to deliver good care the workforce must be healthy and cared for itself, and calls for the immediate restoration of full Occupational Health services for all primary care workforce.

* 383 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): That this Meeting calls on UK general practice to take urgent action to address a developing crisis in general practice resulting from:-
   i) an unmanageable increase in workload;
   ii) falling recruitment and retention;
   iii) recurrently inadequate financial resource;
   iv) worsening stress and morale.

383a **Motion** by EDGWARE & HENDON DIVISION: That this Meeting is deeply concerned at a developing crisis in general practice as a result of:
   i) an unmanageable and exponential rise in workload resulting from the demographics of an ageing population and the movement of care into the community that outstrips capacity;
   ii) the perversity of relative year on year dwindling budgets;
   iii) rock bottom morale and record levels of stress;
   iv) diminishing recruitment and retention;
   v) continuous and unjustified media onslaught;
   and calls upon government to take urgent action to remedy this.

383b **Motion** by LINCOLN DIVISION: That this Meeting notes with great concern the 15% reduction in applications to GP specialty training this year, and calls on the BMA to address this impending crisis in GP recruitment by working with the RCGP, DH and other stakeholders to develop an aggressive recruitment campaign targeted at medical students and make General Practice a desirable career choice again.

383c **Motion** by WALTHAM FOREST DIVISION: That this Meeting notes with alarm the fall in trainee applications to GP training, and insists that appropriate resources should be invested in GP training and management to maintain an adequate balance in all branches of practice and to avoid future workforce crises.
* 384 Motion by SHROPSHIRE DIVISION: That this Meeting:-
   i) agrees with the principle that the introduction of MPIG in the 2004 GP contract was to avoid destabilising GP practices under the amended funding arrangements;
   ii) notes that MPIG was contractually guaranteed ‘in perpetuity’ to those practices until such time as it was no longer required;
   iii) is dismayed that the recent decision to end MPIG is leaving a number of GP practices so financially destabilised that they may be forced to close;
   iv) is concerned that, in order to survive and recruit new partners, such practices may be left with little option but to significantly reduce patient services;
   v) is further concerned at the impact of such service reduction on the patients registered with these practices;
   vi) calls for the MPIG to remain in place until a robust impact assessment has taken place on the likely short and long-term effects for those practices most severely affected.

384a Motion by MID-SURREY KINGSTON & Esher DIVISION: That this Meeting requests government to note our dismay on the impact on many rural practices of the final removal of MPIG.

* 385 Motion by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting asserts that well funded and fully resourced primary medical care is the foundation of a cost effective and clinically sound health service and demands that substantially increased resources are put into general practice in order to achieve a sustainably safe and improving service.

385a Motion by EDGWARE & HENDON DIVISION: That this Meeting deplores the wholly unjustified political and media attacks on general practice, and:-
   i) reaffirms the central role of general practice underpinning the NHS, as well as its fundamental role in managing demand and costs;
   ii) rejects the erroneous and non-evidenced assertion that the GP contract has led to increases in hospital emergency department attendances or admissions;
   iii) deplores the lack of adequate recognition of the inexorable increase in workload and pressures affecting GPs and practices;
   iv) requires that government talks up and promotes the immense and invaluable service that GPs provide to the NHS;
   v) demands that government provides general practice with a fair share of the NHS resource to deliver safe and quality care that patients need.

385b Motion by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting notes the substantial reduction in the proportion of the total NHS budget spent in general practice and:-
   i) believes that we will no longer have a sustainable NHS unless the decline in funding to general practice is urgently addressed;
   ii) deplores the political rhetoric which denies that general practice is underfunded;
   iii) recognises that general practice is the most cost effective part of the NHS;
   iv) demands that a greater proportion of the NHS budget must go to general practice to protect services to patients;
   v) demands urgent and consistent investment in global sum and PMS baselines to enable all GP practices to meet the essential primary healthcare needs of their patients.
385c **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting believes that the current crisis of workload and morale in general practice is damaging to the NHS as a whole and calls on the BMA to fight for adequate resourcing of general practice to enable it safely to manage the needs of patients and regain its role as the jewel in the crown of the NHS.

385d **Motion** by BUCKINGHAMSHIRE DIVISION: That this Meeting calls on Council to support increased investment in the NHS so that general practice once again receives 10% of the total budget, without removing funds from secondary care.

385e **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that the government’s hostility to traditional general practice, and pressure to federate into large multi-practice groups, is the stepping stone to the take-over of primary care by corporate providers, either directly or through “vertical integration” with hospital trust businesses. This Meeting calls on the BMA and GPC to insist on proper funding and staffing of current general practice and to resist the trap of federations.

385f **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting recognises that more care closer to home cannot be delivered with the current workforce and calls for adequate resourcing of primary care.

385g **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting notes that GP Out of Hours services provide medical cover for the population for the majority of the week and calls on the NHS to make investment in these services a priority.

386 **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting is opposed to ‘demand management’ and insists that the BMA expose the scandal of incentivising GPs not to refer patients for necessary secondary care and to support GPs who resist this pressure.

*The motion(s) below, in the shaded area, are unlikely to be reached*

387 **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting is dismayed that there is no funding currently available for the proposed additional year of training for GPs and demands action by government and HEE to achieve an early resolution of this unacceptable situation.

388 **Motion** by SHROPSHIRE DIVISION: This Meeting notes that the number of sessional GPs is growing rapidly. In some areas the number of sessional GPs equals or exceeds that of GP Principals. This Meeting:-

i) values the vital role of sessional GPs;

ii) recognises the difficulties faced by sessional GPs trying to prepare for annual appraisals and revalidation whilst working in several different practices;

iii) calls for Sessional GPs to be included alongside Principal GPs in local educational events organised by CCGs and Area Teams;

iv) calls for the development of Affiliation schemes to facilitate the affiliation/linkage of sessional GPs with a local practice.

389 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that Sessional GPs are an important and significant part of the workforce and that they must be represented on the BMA, GPC and especially on the LMC where they are particularly under represented and demands that the GPC rectifies this situation and calls on the GPC to insist that LMCs carry representatives of salaried, locum and Out-Of-Hours GPs.
Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
i) deplores DH calls for a “change fund” of billions a year, to reconfigure care out of NHS hospitals and traditional GPs, into huge distant hospitals and ‘community care’ attractive to the private sector;
ii) calls on the BMA to actively oppose these plans.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting deplores DH calls for a “change fund” of up to £5 billions a year, to reconfigure care out of NHS hospitals and traditional GPs, into huge distant hospitals and ‘community care’ attractive to the private sector. The Meeting calls on the BMA to actively oppose these plans.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting is concerned that many employers hold what are effectively “Zero Hours Contracts” for Sessional GPs which offer no security of tenure and no entitlement to leave and calls on the BMA to condemn the use of such exploitative contracts.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that the cost of indemnity for GPs undertaking Out-Of-Hours (OOH) sessions is prohibitive and has contributed to the OOH workforce crisis and asks that the BMA demands that NHS England introduce a national scheme of Crown Indemnity.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that, despite the formation of a National Performers List in England, Area Teams:-
i) do not keep the distribution lists up-to-date and;
ii) fail to cascade important clinical information to sessional GPs; and asks the BMA to demand that NHS England acts to ensure that Area Teams properly maintain distribution lists and cascades information to all GPs.

Motion by EAST BERKSHIRE DIVISION: That this Meeting is concerned about the increasing demand on primary care services and ever increasing demand on GPs to see more and more patients. We, therefore:-
i) call upon the BMA to work with the RCGP and other stakeholders to determine the maximum number of patients that can be safely seen by a fully qualified GP in a single session to ensure high quality care and patient safety;
ii) call upon the BMA and other stakeholders to ensure that these guidelines are implemented across the UK to ensure that patients receive high quality and safe care from their GPs.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting reminds governments and the media that whilst some patients raise concern about the difficulty of making an appointment to see a GP, over 300 million consultations in General Practice with high levels of patient satisfaction take place [people successfully achieve this] every year and:-
i) believes the success of general practice in providing excellent levels of access should be celebrated by governments;
ii) believes additional resources are required to increase the capacity of general practice in order to further improve access to appointments.

Motion by LEWISHAM DIVISION: That this Meeting calls on GPC to negotiate the reinstatement of eligibility of those providing NHS general practice services to the NHS pension scheme and ensure eligibility for sickness and maternity
Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting has serious concerns about the controversial government decision to limit GP pay uplift to just 0.28% which is based on flawed methodology. We ask this be reviewed immediately and remediated to calculate an uplift of GP pay that matches our rocketing expenses.

Motion by EDGWARE & HENDON DIVISION: That this Meeting advises that CCG governing board GPs and member GP practices must:
i) make decisions and act based on their professional duty of care to patients under Good Medical Practice;
ii) learn from the Francis inquiry of the dangers of pursing targets and political policies ahead of patient care;
iii) not develop or participate in perverse incentives that have the potential to harm or reduce the quality of patient care;
iv) ensure robust systems to prevent real or perceived conflicts of interest;
v) challenge any local, regional or national pressure that compromises their care to patients.

Motion by LONDON REGIONAL COUNCIL: That this Meeting does not recognise as representatives of primary care:-
i) the National Association of Primary Care;
ii) the NHS Alliance;
iii) the Food and Drug Administration.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that the transfer of superannuation contributions of locum employers from Area Teams to GP practices is damaging to General Practice in England and this has been seriously detrimental:-
i) to practices in small remote rural areas and practices with sickness and recruitment difficulties and;
ii) to the pool of locum doctors in England which puts GPs who have not retired at a disadvantage causing them to withdraw from the NHS Pension Scheme, leave General Practice or leave the country and asks the BMA to persuade NHS England to reverse this decision because of the reported workforce crisis in both GP and OOH practice; and the difficulties experienced by patients in gaining access to GPs.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting welcomes the GPC document “Developing General Practice today: Providing healthcare solutions for the future” and demands that:-
i) commissioners ensure that comprehensive community healthcare teams are built around GP practices;
ii) commissioners invest sustained additional funding to make this vision a reality;
iii) urgent steps are taken by departments of health to increase recruitment of GPs;
iv) a 10 year rolling programme should be urgently developed to ensure all practices that require it have a purpose-built surgery, working with NHS bodies, Local Authorities and third-party developers where necessary.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that:-
i) practices should be enabled by CCGs to employ or directly manage
community nurses to create comprehensive teams built around practices in order to provide a seamless and more flexible nursing service; ii) hospital trusts should support and enable doctors to work as part of integrated teams in the community built around GP practices.

**Motion** by CITY & HACKNEY DIVISION: That this Meeting asserts the BMA policy of opposition to the removal of GP practice boundaries, believing geographically defined practice areas are essential to the delivery of high quality, multi-disciplinary primary care, and calls on Council and the GPC to:- i) organise a media campaign in September highlighting this opposition; ii) remind GPs that participation in the scheme to remove practice boundaries in October is voluntary.

**Motion** by LEWISHAM DIVISION: That this Meeting believes that geographically defined practice areas are essential to the delivery of high quality, multi-disciplinary primary care. This Meeting calls on the BMA to oppose all attempts to remove practice boundaries.

**Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting deplores the government's proposed publication of GP take-home pay, which panders to the prejudices of ill-informed sections of the media, and insists the BMA ensures that this issue is not presented in a simplistic way that allows a negative portrayal of GPs.

**Motion** by SOUTH ESSEX DIVISION: That this Meeting urges BMA Chairman to negotiate with the government to:- i) prevent the deteriorating divide between primary and secondary care providers; ii) halt any changes that could damage the image of the traditional primary care services and improve patient care in the primary care set up; iii) improve primary care services in order to attract newer recruits, as the current trend in the so called “cost effective” modernisation tends to drive the new younger generation of medical graduates away from taking up Primary Care roles.

**Motion** by LONDON REGIONAL COUNCIL: That this Meeting believes that the governments hostility to the traditional “corner shop” GP, and plans for the federation of GP practice into large multi-practice groups, is the stepping stone for the take-over of primary care by corporate providers. This Meeting calls on the BMA to insist on:- i) proper funding and staffing of current general practice; ii) not to give in to federations unless they remain in the public sector.

**Motion** by EDGWARE & HENDON DIVISION: That this Meeting calls on the government to value the immense work carried out by GPs 365 days a year, and for government itself to demonstrably and publicly talk up the internationally unrivalled service that UK GPs provide to patients on a shoestring.

**Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting questions the ethics of the recruitment criteria of general practice training based on demand and supply rather than based on merit and lack of support at the end of the training with extremely poor feedback by the RCGP to the failing candidates of the MRCGP.

**Motion** by MID-SURREY KINGSTON & Esher DIVISION: That this Meeting recommends that government should leave unchanged for 5 years primary care
service control and quality measures.

412 **Motion** by RETIRED MEMBERS FORUM: That this Meeting believes that bureaucracy in general practice is excessive and ineffective and reduces the time available to doctors to spend with their patients and calls on the BMA and GPC to campaign to reduce this undesirable domination.

413 **Motion** by OXFORD DIVISION: That this Meeting reaffirms its view that GP’s should have the right to refer patients to named consultants particularly in more complex emergency cases, where telephone discussions may be very valuable.

414 **Motion** by MID-SURREY KINGSTON & ESHER DIVISION: That this Meeting recommends that all GP led health centres should be closed.

415 **Motion** by ROCHDALE DIVISION: That this Meeting recommends improvement of care by restricting general practitioners work to primary care duties rather than specialist duties.

416 **Motion** by WALTHAM FOREST DIVISION: That this Meeting notes this government's enthusiasm in proposing a multitude of contributors to primary care delivery and a plethora of alternative structures, but insists that the central role of GPs as cost-effective providers of generalist care in the community must not be overlooked.

417 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that GP retention is more cost effective than training new GPs but, because of inadequate funding for induction, retainer and refresher schemes, GPs are lost to the workforce and calls on the BMA to demand that the UK governments fund these schemes adequately.

**CIVIL AND PUBLIC SERVICES**

418 **Receive**: Written report by the Civil and Public Services Committee will be available on the ARM website and also from the ‘spares table’ at the ARM (Chairman, Alan Mitchell).

**PROFESSIONAL FEES**

419 **Receive**: Written report by the Professional Fees Committee will be available on the ARM website and also from the ‘spares table’ at the ARM (Chairman, John Canning).

**PRIVATE PRACTICE**

420 **Receive**: Written report by the Private Practice Committee will be available on the ARM website and also from the ‘spares table’ at the ARM (Chairman, Derek Machin).

**MEDICAL STUDENTS**

421 **Receive**: Report from the Co-Chairs of the Medical Students Committee (Harrison Carter and Andrew Wilson).
Motion by JUNIOR MEMBERS FORUM: That this Meeting calls on the BMA to campaign for improved mental health provision for medical students by:

i) lobbying the medical schools council (or other relevant bodies) to separate mental health/welfare services within medical schools from professionalism/fitness to practise panels;

ii) lobbying medical schools to provide appropriate training in mental health for medical student support staff that work with medical students;

iii) working with medical schools to ensure students with mental health difficulties are provided the same level of support that is given to students with other disabilities or illnesses;

iv) encouraging medical schools to make all students aware of the support services available to them at their medical school, e.g. disability support office, counselling service and the disability support allowance;

v) supporting medical students in coming forward with any mental health concerns without prejudice.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE OXFORD DIVISION): That this Meeting believes that increasing medical student numbers has caused some oversubscription to the foundation programme; and:

i) that there should be a Foundation Post for all graduating UK medical students;

ii) that the number of places for medical students at UK universities should be reduced immediately to avoid such unnecessary very expensive wastage.

Motion by OXFORD DIVISION: That this Meeting believes that increasing medical student numbers has caused some oversubscription to the foundation program; and:

i) that there should be a Foundation Post for all graduating UK medical students to allow them to achieve registration with the GMC, also;

ii) that the number of places for medical students at UK universities should be reduced immediately to avoid such unnecessary very expensive wastage.

Motion by JUNIOR MEMBERS FORUM: That this Meeting notes the recommendation of the Shape of Training Review that the point of full GMC registration be moved from the completion of foundation year one to the end of medical school and is concerned that this may lead to UK medical graduate unemployment. We therefore call on the BMA to lobby educational providers to investigate all possible ways to prevent UK medical graduate unemployment.

Motion by WESSEX RJDC: That this Meeting is concerned with the current oversubscription to the Foundation Programme, with risk of unemployment for newly qualified doctors. This Meeting:

i) demands that medical schools control their intake numbers to reduce oversupply of medical students;

ii) demands that medical schools fund Foundation Programme places for their Graduates who are unsuccessful at obtaining an NHS funded Foundation Programme place.

Motion by LOTHIAN DIVISION: That this Meeting deplores the establishment of private medical schools and believes that admission to medical school should not be based on the ability to pay.

The motion(s) below, in the shaded area, are unlikely to be reached
Motion by MEDICAL STUDENTS EDUCATION SUBCOMMITTEE: That this Meeting welcomes the introduction of the Prescribing Safety Assessment (PSA) to help ensure all graduates attain safe levels of prescribing competency; but acknowledges with concern the national inconsistencies of its implementation and the ambiguity over impact on graduates’ prescribing powers as well as support and remediation to be made available to students. Therefore calls for the MSC to lobby:–
  i) the PSA group to ensure information is provided to all medical schools with adequate time for student and staff preparation;
  ii) all UK medical schools to provide appropriate support and remediation to students required to re-take the PSA;
  iii) all UK medical schools to standardise implementation of the PSA.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting recognises the increasing financial difficulty encountered by medical students and urges medical schools to assist students in financial difficulty. This Meeting urges medical schools to:
  i) consider financial hardship when allocating clinical placements;
  ii) defer tuition fee payments until the completion of the student’s degree where students have had tuition fee funding reduced by student finance providers.

Motion by WALES MEDICAL STUDENT COMMITTEE: That this Meeting:
  i) acknowledges that there is a discrepancy in the quality and standards of accommodation provided for students on placement in primary care;
  ii) acknowledges that the geographical diversity of GP placements can mean students feel isolated, particularly if they are living alone in an unfamiliar environment;
  iii) calls upon the BMA to lobby the appropriate bodies to ensure that all medical schools develop appropriate minimum standards for student accommodation in primary care;
  iv) and calls on the BMA to support that, wherever possible, medical students should be given the option of sharing accommodation with other students, in accordance with the ‘Promoting Well-Being’ section of the 2013 GMC guidance on ‘Supporting Medical Students with Mental Health Conditions.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:
  i) notes that recent data suggests that the tuition fee system has produced no net financial benefit for the government or tax-payer but only profits for the commercial lenders.
  ii) calls on BMA Council to lobby government for the abolition of university tuition fees.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting notes that the Student Loan Company continues mistakenly to award Tuition Fee Loans to students, and then to reclaim them without giving students time to find funds, and therefore this Association has no confidence in the Student Loan Company.

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting recognises that although some private medical schools have been approved by the GMC, there are many potential detrimental consequences for UK medical students and medical education. This Meeting calls for:–
  i) independent investigations undertaken to ensure that education on clinical placements is not impeded by the overcrowding of hospital wards and GP Practices where there is overlap of catchment areas of private and existing
medical schools;
ii) private medical schools to be compelled to provide 10% of their intake as scholarship funded places;
iii) private medical schools to be compelled to ensure 20% of their intake be state school educated students;
iv) the GMC to ensure the above are initiated and maintain by such institutions as part of their quality assurance process.

431 **Motion** by MEDICAL STUDENTS EDUCATION SUBCOMMITTEE: That this Meeting believes that additional points awarded under the ‘educational achievements’ section of the Foundation Programme Application System (FPAS) promotes diversity of knowledge; encourages further medical research; accredits excellence amongst medical students and fulfils requirements outlined by Tomorrow’s Doctors (2009). Therefore, this Meeting calls upon the BMA to:-
i) continue to lobby the UKFPO and Medical Schools Council to ensure that these additional points remain;
ii) ensure student views are consulted during change to the selection process;
iii) ensure that any changes to FPAS are communicated several years in advance and in an appropriate manner to medical students;
iv) continue to oppose the removal of these points from the FPAS;
v) consider a method for students to declare their extra-curricular achievements as part of the FPAS selection process.
had some sanctions or investigations by employers or the GMC.

The motion(s) below, in the shaded area, are unlikely to be reached

435 Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting congratulates the Minister of Health in Wales on agreeing to provide indemnity for GP Out of Hours services and calls on all commissioners of Out of Hours services in England to implement this policy.

436 Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting is appalled by the public naming and shaming of doctors involved in active court cases and acknowledges the social stigma, financial downfall and implication of mental health issues associated with it and demands that the BMA negotiate with relevant stakeholders to stop naming doctors in cases until a verdict is given.

437 Motion by SALISBURY DIVISION: That this Meeting deplores the cuts in the legal aid system and:-
   i) believes that the cuts will be detrimental to justice and the right to a fair trial particularly to the most vulnerable such as those with mental disorders and;
   ii) supports the Barristers in their opposition to cuts in legal aid.

438 Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting is concerned about the rapidly escalating rise in the level subscription to medical defence bodies and urges the BMA to make the defence bodies aware of this concern.

439 Motion by FORENSIC MEDICINE COMMITTEE: That this Meeting with regards to medical evidence within the criminal justice system:-
   i) notes that there is wide variation in the quality of both written and verbal evidence;
   ii) believes that poor quality evidence is a significant impediment to justice;
   iii) requests that the Forensic Medicine Committee work, with other bodies as appropriate, to investigate and implement ways of raising standards.

440 Motion by OXFORD DIVISION: That this Meeting fully deprecates the apparent practice of some medical consultant expert witnesses which exaggerates injuries to young children in medical reports for personal pecuniary gain. (BBC Panorama Programme 13th Jan. 2014 refers).

INTERNATIONAL AFFAIRS Wednesday 16.05 - 16.35

441 Receive: Report from the Chairman of the International Committee (Terry John).

442 Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises entitlement to free healthcare for immigrants is being curtailed by recent government proposals. The NHS has a duty to provide free access to healthcare to immigrants and we therefore call on the BMA to lobby against these proposals.
443 Motion by EASTERN REGIONAL COUNCIL: That this Meeting believes that the EU's Cross Border Healthcare Directive facilitates the misuse, by both UK and non-UK nationals, of NHS funds and promotes inequitable access to healthcare through the facilitation of queue jumping and its lack of legal clarity with multiple unintended sequelae. It therefore calls on the applicable UK governments to:
   i) undertake an analysis of the Directive's use, by both UK and non-UK nationals, to undertake treatment in other EEA countries at the expense of the NHS and ahead of schedule;
   ii) use this evidence base to assess whether or not implementation of the Directive is preventing UK citizens from accessing sufficient and permanent access to healthcare. If so, then the government, as permitted by the Directive, should introduce measures to control access to treatment;
   iii) work with health professionals to promote knowledge and understanding of the Directive to enable them, when required, in helping patients access high quality healthcare in other EEA countries;
   iv) mitigate the risk to commissioners by creating a centralised system to reimburse commissioners the costs of complying with the Directive.

444 Motion by FORENSIC MEDICINE COMMITTEE: That this Meeting regarding the detention of migrants and asylum seekers in Greece:-
   i) notes the serious findings in Medecins Sans Frontieres' recent report, Invisible Suffering: Prolonged and systematic detention of migrants and asylum seekers in substandard conditions in Greece;
   ii) condemns the use of inappropriate environments such as police station cells and the lack of access to physical and mental healthcare workers;
   iii) calls for the Greek government to make urgent improvements as recommended in Medecins Sans Frontieres’ report;
   iv) calls for the European Union to give financial and, if necessary, operational assistance.

The motion(s) below, in the shaded area, are unlikely to be reached

445 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting:-
   i) believes that the United Kingdom should not sell arms to countries with poor human rights records;
   ii) calls on Council to lobby the UK government to this effect.

446 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting utterly condemns the withholding of health care from individuals and populations as a weapon of war such as is reported in Syria.

447 Motion by SWANSEA MEDICAL SCHOOL: That this Meeting recognises the increasing number of British doctors volunteering abroad with recognised aid agencies, and calls upon the BMA to lobby to ensure British doctors receive full support from the relevant authorities when facing difficulty in returning back to the UK.

448 Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this Meeting:-
   i) condemns companies that manufacture and/or retail products made by workers who are forced to work in environments and under conditions that are unhealthy and unsafe;
   ii) insists that governments and regulators in developing countries take firm action to protect worker health and safety and that retailers and their trade associations in developed countries source their products ethically and work
with developed countries to improve worker health and safety.

Motion by SCOTTISH COUNCIL: That this Meeting:-
i) recognises the plight of medical students in Syria whose studies have been disrupted by the ongoing conflict in the region;
ii) calls on the BMA to work with relevant organisations and governmental agencies to provide support to medical students in Syria.

Motion by TOWER HAMLETS DIVISION: That this Meeting notes that Egypt, like the UK, has a national health service, and that both medical and other staff salaries are low and that funding of services does not meet the considerable clinical needs of the Egyptian population. This Meeting notes that the Egyptian doctors working in government hospitals have this year been taking industrial action for salary increases and for an increase from 5% to 15% in the percentage of public spending spent on the national health service. We therefore call on the BMA through its International Committee to make contact with colleagues in the Egyptian Doctors Syndicate and offer any support they feel is appropriate.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting believes doctors treating individual patients should not be responsible for deciding whether those patients qualify for NHS treatment on the basis of their immigration status, and calls on the BMA to lobby against any proposals which are contrary to these principles.

BMA STRUCTURE AND FUNCTION Wednesday 16.35 - 17.25

* 452 Motion by LINCOLN DIVISION: That this Meeting laments the failure of Council to implement existing policy on rolling out Regional Coordinators to support each and every BMA Regional Council, and calls on Council to ensure that, by the 2015 ARM, every Regional Council is served by a Coordinator.

452a Motion by HOLLAND DIVISION: That this Meeting instructs Council to ensure that the promised roll out of regional co-ordinators to all regions be implemented.

452b Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting reprimands BMA Council's failure to direct the appointment of regional coordinators in all BMA regions, thereby failing to provide equitable resourcing for support to members.

452c Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting is concerned that some regional councils still do not have regional co-ordinators and request that appointments to such posts are made as soon as possible in those regions.

452d Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that the turnout of attendees from the southwest region is so high because nobody ever comes to see us and that if you would like to reduce the number of attendees from the southwest you need to give us a regional co-ordinator and a negotiations roadshow.

452e Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting believes:-
i) the BMA must have a strong presence and trade union voice at local level;
ii) members want to see the BMA campaigning proactively on local issues;
iii) flexibility of structure is important and not one size will fit all in every region;
iv) Regional Councils are an effective vehicle for engaging with and exerting influence on local decision makers;
v) all Regional Councils must be adequately resourced.

**452f** Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that the work of Regional Councils should be fully supported by the BMA and that:-
i) Regional Councils should be resourced in an equitable way compared to the devolved nations;
ii) that Regional Coordinators should be appointed in all English Regions in 2014-15;
iii) that resources and facilities should be made available immediately for all Regional Councils to host on-line communities.

*  **453** Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE N IRELAND (EASTERN) DIVISION): That this Meeting welcomes the work done by the BMA to improve the engagement of members across diverse groups, and in particular the work to improve the representation of women in medical leadership positions, and:-
i) recognises the potential for culture change arising from increased diversity in committees;
ii) recommends modelling successful BMA careers in both genders to identify support mechanisms that would be useful for any future leaders;
iii) suggests a time-limited pilot of reserved seats for women on BMA committees sufficient for sustained change in culture;
vi) calls for measures to renew and refresh representation within the BMA such as time-limited tenure within a particular representative role.

**453a** Motion by N IRELAND (EASTERN) DIVISION: That this Meeting believes that the BMA would benefit from the culture change which would come from more women on its representative committees.

**453b** Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting applauds the work the BMA is doing to improve the representation of women in medical leadership positions. However, more must be done to counteract negative attitudes towards women doctors and to support all doctors in reaching their full potential.

**453c** Motion by BRISTOL DIVISION: That this Meeting welcomes the work done so far on encouraging women in leadership within the BMA. We suggest that modeling successful BMA careers, whether male or female would be helpful, alongside identifying critical ‘risk’ points and supporting individuals through such periods.

**453d** Motion by NORTHERN RSASC: That this Meeting calls on the BMA to promote leadership amongst all doctors as part of its professionalism work stream. This must include SAS doctors who can play an important role in leadership.

**453e** Motion by N IRELAND (EASTERN) DIVISION: That this Meeting calls for piloting on a time-limited basis of a number of reserved seats for women on BMA committees sufficient for sustained change in perceptions and cultures and improved representation and function.

**453f** Motion by N IRELAND (EASTERN) DIVISION: That this Meeting calls for
measures to renew and refresh representation such as limiting time spent in a particular representational role.

453g **Motion** by ISLINGTON DIVISION: That this Meeting believes that members in elected positions on committees at the BMA should be time limited, serving for no more than 8 consecutive years.

453h **Motion** by N IRELAND (EASTERN) DIVISION: That this Meeting calls for reserved seats for women on major BMA committees.

* 454 **Motion** by ISLINGTON DIVISION: That this Meeting notes that the BMA employment advisors and BMA IROs work at a very high standard. We believe that The BMA should look into the workload of the BMA IROs and if found to be too high then action should be taken.

454a **Motion** by NORTH THAMES RJDC: That this Meeting notes that some of the BMA employment advisors and BMA IROs work at a very good standard and believes that:-
   i) there should be a way of rewarding good performance for the BMA employment advisors and/or BMA IROs;
   ii) the BMA should consider setting up an award for the BMA employment advisor and/or BMA IRO who has worked at a very good standard on a case opened by a junior doctor;
   iii) the BMA should support the idea of looking at the workload of the BMA IROs;
   iv) the BMA should support the idea that if the workload of the BMA IROs is found to be too high, action should be taken.

455 **Motion** by CORNWALL DIVISION: That this Meeting wishes to see a cohort of Council members elected from regional constituencies in order that Council members have representative roles, to report back to and take opinion from the regional members through the BMA regional committees, in time for the next Council elections; to provide democratic connection for members.

* 456 **Motion** by LEWISHAM DIVISION: That this Meeting affirms the BMA shall never again contract with a provider which pays less than the living wage.

456a **Motion** by TOWER HAMLETS DIVISION: That this Meeting:-
   i) congratulates the BMA on receiving accreditation from the London Living Wage Foundation and;
   ii) believes that poverty wages have no place in society and certainly not in a doctors’ organisation;
   iii) resolves that the BMA should never again contract with an external provider that pays less than the London Living Wage.

456b **Motion** by LONDON REGIONAL COUNCIL: That this Meeting congratulates the BMA on receiving accreditation from the London Living Wage Foundation and calls on Council to resolve that the BMA will never again contract with a provider that pays less than the London Living Wage (or any such successor measure).
Motion by RETIRED MEMBERS FORUM: That this Meeting requests the BMA to increase the number of events for retired members across the whole UK with attractive and relevant content, which must be better publicised and promoted to encourage attendance.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting:-
  i) accepts that officers and Council of the BMA are responsible for the day to day decision making in the Association;
  ii) accepts that part of the role of the RB is to hold Council to account;
  iii) expresses confidence in the officers and Council of the BMA.

Motion by SCOTTISH COUNCIL: That this Meeting recognises that the BMA website is of pivotal importance in communication and engagement with the membership and therefore:-
  i) believes that locating information on the website is unnecessarily challenging;
  ii) calls on the BMA communications department to:-
      (a) improve the structure of the website and the efficacy of information searches;
      (b) improve the way the website highlights opportunities for engagement in BMA committees and activities;
      (c) improve the accessibility of locally and nationally relevant website content;
      (d) explore means of improving connectivity between the BMA and BMJ websites.

Motion by LOTHIAN DIVISION: That this Meeting values the opportunity to elect members of various BMA committees at each ARM but:-
  i) notes that the Association has previously opposed the use of organised bloc voting in these elections;
  ii) believes that organised bloc voting continues to occur in these elections in contravention of the Association’s stated position;
  iii) believes that all candidates in these elections have a right to expect equal treatment;
  iv) believes that the manner in which the elections are currently conducted does not result in all candidates being treated equally;
  v) demands that the Association review the current electoral procedures;
  vi) demands that the Association introduce measures to ensure all candidates can be confident of equal treatment in the electoral process.

Motion by EAST KENT DIVISION: That this Meeting believes that the ARM should last three days as this will:-
  i) enable better attendance;
  ii) be more cost effective;
  iii) improve the quality of debate and hence policy making.

Motion by ISLINGTON DIVISION: That this Meeting wishes to counteract the constant denigration of the NHS in the media, we ask the BMA to support the KONP “proud of the NHS” badge and that people joining the BMA should get a “proud of the NHS” badge in their joiners pack.

Motion by EDGWARE & HENDON DIVISION: That this Meeting calls upon the BMA to promote and enable collaborative alliances between GPs, public health and hospital doctors at a local level that transcend organisational interests and
barriers, and which are instead driven by professionalism and putting patients’ needs first.

464 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting requests Council to review the scheduling of the Annual Representative Meeting to enable the BMA to make more timely response to political timetables.

465 Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises doctors face stress and emotional challenges as part of everyday work and often do not receive adequate formal preparation for this. We call on the BMA to:
   i) develop and promote workshops and online resources on mental wellbeing and mindfulness;
   ii) better publicise the BMA counselling service particularly at a local level.

466 Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting recognises the importance of social media in gathering opposition to the government’s reorganisation of the NHS and asks the BMA to encourage members to contribute to social media by providing courses as to how best to access and use the media.

467 Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting recommends that the BMA prepares itself for online voting at the next BMA council election.

468 Motion by BRISTOL DIVISION: That this Meeting notes and celebrates the enormous geographical spread of representatives. We also note that bridges fail, trains stop and travel can sometimes be a nightmare. Therefore, we believe that:-
   i) BMA representatives should be able to remotely join BMA meetings and;
   ii) that video-conferencing and telephone-conferencing should be updated as required to facilitate this.

469 Motion by EAST DORSET DIVISION: That this Meeting recognises that local BMA Divisions are not currently representing and engaging their members and alternative methods of doing so should be found.

470 Motion by EAST DORSET DIVISION: That this Meeting calls for BMA elections to be held electronically.

471 Motion by LONDON REGIONAL COUNCIL: That this Meeting requests that all BMA representatives should be provided with free BMA membership during their terms in office to thank them for their hard work and commitment.

472 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that:-
   i) Regional Councils perform a useful coordinating role;
   ii) in order to achieve their full potential we call on the Organisation Committee to propose to amend the structure of BMA Council by including RC Chairs as a right.

473 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting recommends all elected Regional Council Officers are voting members of RB.

474 Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that in the interests of democracy and accountability:-
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i) all votes at the ARM should be taken using the electronic voting devices;
ii) the BMA should record the voting participation rate for each voting delegate for each session for which they claim expenses;
iii) the BMA should publish this voting participation data on its website.

475  **Motion** by UNIVERSITY OF WARWICK: That this Meeting calls for the BMA to ensure that every event that it organises or contributes to has at least one woman speaker and one woman on each discussion panel.

476  **Motion** by CITY & HACKNEY DIVISION: That this Meeting believes the BMA Chairman, widely perceived as the leader of the BMA as a whole, not just BMA Council, should be elected on a one member, one vote electoral system.

477  **Motion** by CITY & HACKNEY DIVISION: That this Meeting calls on the BMA to learn lessons from the late RMT General Secretary, Bob Crow’s modus operandi and apply his same robust approach to negotiations with government. This would almost certainly be in the best interests of the BMA membership.

478  **Motion** by SCOTTISH COUNCIL: That this Meeting believes the BMA should introduce a mileage rate for members and staff for the use of a pedal cycle on BMA business.

479  **Motion** by OXFORD DIVISION: That this Meeting believes that the BMA should encourage more cooperation between GPs and Consultants via the Divisions as well as the Regional Councils.

480  **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that BMA Council should be elected in its entirety once every 4 years.

481  **Motion** by BRISTOL DIVISION: That this Meeting welcomes the addition of a mother and baby room at BMA house and thinks it might be quite helpful if it was sometimes unlocked.

482  **Motion** by WEST BERKSHIRE DIVISION: That this Meeting believes the fundamental role of the BMA are its union duties improving the terms and conditions of its members. BMA Council must ensure this remains it's primary focus at all times.

483  **Motion** by WEST BERKSHIRE DIVISION: That this Meeting believes the elected representatives for each branch of practice ultimately hold the right to decide whether a call for industrial action will be made. The role of Council and other delegated committees are to ensure the legal enactment of this decision. Council or delegated bodies must ensure the ballot takes place.

484  **Motion** by LEWISHAM DIVISION: That this Meeting believes that as a negotiating body representing doctor’s interests, the BMA shall affiliate to the TUC.

485  **Motion** by RETIRED MEMBERS FORUM: That this Meeting insists that the next secretary (Chief Executive) of the BMA should be medically qualified.

486  **Motion** by RETIRED MEMBERS FORUM: That this Meeting calls on the BMA to maintain a register of retired members who can help local communities, and committees, with their professional knowledge and that the BMA will let retired members know of the variety of skills etc. needed by local communities.

487  **Motion** by BRISTOL DIVISION: That this Meeting believes that the importance
of health economics is often poorly understood and that the BMA should lead the way in developing resources to inform doctors, patients and politicians.

488 Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that health workers need to unite in this climate of austerity to:
   i) protect their terms and conditions of service;
   ii) to defend the NHS;
   This Meeting resolves that the BMA will affiliate to the TUC.

489 Motion by LONDON REGIONAL COUNCIL: That this Meeting agrees the principle that decision to ballot members about potentially taking industrial action should taken by the relevant branch of practice committee.

490 Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) notes that some BMA staff are offered private medical cover as part of their remuneration package;
   ii) requests that such benefits are no longer offered in new BMA staff contracts.

491 Motion by LONDON REGIONAL COUNCIL: That this Meeting congratulates the BMA on its excellent provision of constitutional apparatus for the devolved nations and demands that the Organisation Committee is empowered to produce apparatus as a matter of urgency ensuring similar rights and duties are extended to doctors in England such that:-
   i) only representatives on BMA committees whose BMA- registered addresses are in England should be allowed to vote on matters restricted to the English Health Service;
   ii) in the event that the above is not passed, call on Council to ensure that doctors in England who sit as representatives on BMA committees are allowed to vote on all currently devolved issues.

492 Motion by TOWER HAMLETS DIVISION: That this Meeting:
   i) believes that health workers need to unite in this climate of austerity to protect their terms and conditions of service and to defend the NHS;
   ii) resolves that the BMA will explore affiliation to the TUC.

493 Motion by FORENSIC MEDICINE COMMITTEE: That this Meeting regarding the representation of smaller specialities and committees at the BMA’s Annual Representative Meeting believes that:-
   i) changes in agenda timetabling practice are required in order for BMA policy to continue to reflect the broad spectrum of medicine that its committees represent;
   ii) the practice of allocating zero minutes, or an unreasonably short period of time, to a speciality’s section of the agenda should cease;
   iii) every committee Chair should have the right to present his/her speech from the platform, although (s)he may choose to waive this right;
   iv) every committee should be allocated sufficient time for at least one white motion, prioritised after discussion with each committee’s Chair, to be debated;
   v) the necessary timetabling changes would be possible if the Chair of RB exercised existing powers to limit the contributions of the small minority of delegates whose natural tendency is to take up a disproportionate amount of debating time.

494 Motion by WEST BERKSHIRE DIVISION: That this Meeting believes the decisions reached at ARM and other BoP conferences must not be overruled by the decision of Council (unless enacting such resolutions would be illegal).
Motion by RETIRED MEMBERS FORUM: That this Meeting requests that the BMA News publish ASAP a notice of death of all doctors the BMA learns of who were members at the time of death or (permanent) incapacity; preferably with date of death and/or place and year of qualification.

Motion by TOWER HAMLETS DIVISION: That this Meeting:-
  i) notes that BMA staff are offered private medical cover as part of their remuneration package;
  ii) believes that private health care undermines the NHS;
  iii) resolves that private health care benefits should no longer be offered in new BMA staff contracts.

Motion by FORENSIC MEDICINE COMMITTEE: That this Meeting believes that the name ‘Minority Groups’ should cease to be used as an umbrella term for all forensic doctors, civil service doctors and civilian medical practitioners represented at the BMA's Annual Representative Meeting.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
  i) notes that private health provider, SERCO, provides first point of contact services for BMA members;
  ii) demands that once the current contract with SERCO ends these services are brought in-house.

Motion by SOUTH DEVON DIVISION: That this Meeting welcomes the announcement by that there is to be promulgation of notices about meetings held outside the main programme of ARM, and asks that meetings such as that organised by the Secular Medical Forum for reflection on a topical issue at 5:30 p.m. on the Sunday immediately before the start of ARM, be included in this notification scheme.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that the destruction of the pension scheme for BMA employees is:-
  i) pure hypocrisy;
  ii) represents economic vandalism;
and calls for reinstatement of the pension scheme for BMA employees as it was.

Motion by ISLINGTON DIVISION: That this Meeting notes that the quality of work provided by the BMA regional services varies. We believe that the BMA should ensure that the level of doctors’ satisfaction with regional services is measured and if this poor, take appropriate action.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises that mental health problems including stress and burnout, and the associated stigma, affects many doctors and medical students. It calls upon:
  i) “BMA Communities” to provide an anonymous and secure online forum for peer support and advice;
  ii) the BMA to work with the BMJ in providing regular printed material highlighting these issues.

Motion by LEWISHAM DIVISION: That this Meeting believes BMA staff should not have private medical cover as part of their remuneration package.

Motion by RETIRED MEMBERS FORUM: That this Meeting requests that members of local divisions should be informed about the death of a member.
Motion by TOWER HAMLETS DIVISION: That this Meeting agrees the principle that decision to ballot members about potentially taking industrial action should taken by the relevant branch of practice committee.

Motion by RETIRED MEMBERS FORUM: That this Meeting insists that retired members continue to receive BMA News automatically.

Motion by TOWER HAMLETS DIVISION: That this Meeting:-
   i) notes that the BMA is committed to the NHS and in general opposes outsourcing of NHS services;
   ii) notes that paradoxically, private health provider SERCO are providing first point of contact services for BMA members;
   iii) resolves to bring high quality first point of contact services in house once the current contract with SERCO ends.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting is pleased that the BMA is developing the concept of 'BMA communities' and would like to see continued support and further investment.

Motion by WEST BERKSHIRE DIVISION: That this Meeting believes Standing Orders are sometimes used by Council to countermand the decisions reached by the ARM.

Motion by LONDON REGIONAL COUNCIL: That this Meeting calls on Council to establish a formal public register of interests which is mandatory for all elected BMA officers.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting urges the BMA to improve its cost effectiveness and engagement with members by reducing the number of divisions in England to an agreed number.

Motion by LONDON REGIONAL COUNCIL: That this Meeting requests that robot surgeons be given associate membership of the BMA.

Motion by CITY & HACKNEY DIVISION: That this Meeting requests that robot surgeons be given associate membership of the BMA.

Motion by OXFORD DIVISION: That this Meeting reaffirms its support to BMA Divisions, notes their value in making elections to the ARM and asks that the BMA provides help for the Divisions particularly with secretarial work such as sending out notices of meetings, events, etc. It also notes with pleasure that BMA News is printing short notes about some of these meetings and hopes that it will continue this practice.

Motion by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting believes that constituencies should be permitted to propose and agree motions entirely electronically in addition to doing so at physical meetings.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting notes the hard work done by honorary secretaries in supporting and continuing the work of the BMA at divisional level. We believe that enabling the officer posts at divisional level to be 'job-shared' with co-appointments would reflect the ethos of the rest of the BMA and ask for this to be made possible.
Motion by BIRMINGHAM DIVISION: That this Meeting believes the BMA Council must feed back to the membership more clearly on the actions taken on resolutions of the ARM.

Contingency time  Wednesday 17.25

TREASURER'S QUESTION AND ANSWER SESSION  Wednesday 17.30 - 17.45

Opportunity for representatives to ask the Treasurer questions.

Session closes  Wednesday 17.45

NORTHERN IRELAND  Thursday 09.15 - 09.35

Receive: Report from the Chairman of Northern Ireland Council (Paul Darragh).

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that transformational change, as envisaged in Transforming Your Care, can only progress through effective primary and secondary care interface and calls on the HSC Board to facilitate true primary and secondary liaison through its commissioning plan.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting is concerned that problems are arising due to the lack of coordinated planning generally across the service in Northern Ireland and that for change to succeed, as described in Transforming Your Care, calls on the Health Minister to ensure capacity in primary care and the community is built up before reconfiguration of secondary care services occurs including removal of beds.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting recognises the two strands of work being carried out on medical workforce planning in Northern Ireland i.e. the specialty by specialty approach and the discussions with the Centre for Workforce Intelligence to support this, however, there is grave concern over the timescales involved and urges the Department of Health, Social Services and Public Safety (DHSSPS) to develop a strategy for planning the medical workforce as a matter of urgency in terms of overall numbers required and for the specific requirements of individual specialties.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by NORTHERN IRELAND COUNCIL: That this Meeting notes the forthcoming review planned for the Northern Ireland Medical and Dental Training Agency and mandates BMA NI Council to lobby to protect autonomous medical leadership within the Northern Ireland deanery.

Motion by N IRELAND (WESTERN) DIVISION: That this Meeting deplores the fact that Northern Ireland will be the only part of the United Kingdom without a protected cancer drugs fund.
Receive: Report by the Co-Chairs of the Medical Academic Staff Committee (Peter Dangerfield and Michael Rees).

*Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SCOTTISH COUNCIL): That this Meeting is concerned that there is a wide variation of academic foundation programmes across the UK, both in terms of content and time dedicated to academia and therefore proposes that:

i) academic foundation programmes should become more equal and comparable in terms of content and protected time for academic work whilst ensuring that clinical competencies are met by all trainees;

ii) clarity should be provided by deaneries to potential academic foundation trainees as to how much protected time they will have within their proposed programmes;

iii) if wide variation remains then the interview process should allow for recognition of what the candidate achieved in the protected time available to them;

iv) programmes which offer no difference to non academic programmes should no longer be advertised as such.

Motion by SCOTTISH COUNCIL: That this Meeting is concerned that:

i) there is a wide variation of academic foundation programmes across the UK, both in terms of content and time dedicated to academia;

ii) some academic trainees may find themselves disadvantaged compared to other academic trainees when applying for higher academic posts due to the variation in the amount of protected academic time within programmes;

iii) some academic foundation programmes are no different to standard non academic foundation programmes.

This Meeting proposes therefore that:

i) academic foundation programmes should become more equal and comparable in terms of content and protected time for academic work whilst ensuring that clinical competencies are met by all trainees;

ii) clarity should be provided by deaneries to potential academic foundation trainees as to how much protected time they will have within their proposed programmes;

iii) if wide variation remains then the interview process should allow for recognition of what the candidate achieved in the protected time available to them;

iv) programmes which offer no difference to non academic programmes should no longer be advertised as such.

Motion by NORTH WEST WALES DIVISION: That this Meeting asks the BMA to ensure that the representation of Welsh Clinical Academic Staff is safeguarded and that the BMA talks urgently with the Welsh government to confirm that the BMA continues to represent clinical academic staff in Wales.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by UNIVERSITY OF BRISTOL: That this Meeting continues to recognise and value the traditional three pillars of academic medicine; clinical practice, research and education. We believe that the role of the medical educator is sometimes undervalued and call on the BMA to promote the importance of medical education at all levels, making it a priority stream of work over the coming year.
Motion by UNIVERSITY OF WARWICK: That this Meeting welcomes the report of the House of Commons Science and Technology on Women in Science and notes that the Committee has listened and responded to the views of women in the BMA and many other organisations on the challenges they still face in pursuing careers in science and medicine. This Meeting welcomes the recognition given to the advances that have been made in medicine in recent years coupled with the call for more action. In particular this Meeting calls for:-

i) the enhancement of current equality and diversity training programmes to address the deeply rooted biases that still exist in the sector;

ii) mentoring of young women by older women especially those who have succeeded in spite of these biases;

iii) improved joint working by NHS and university employers on 'return to work' arrangements for clinical academic staff that have taken career breaks, maternity or extended paternity leave;

iv) calls on the BMA to discuss this report with our university employers at the earliest possible opportunity to seek agreement on how the recommendations can be taken forward.

TRAINING AND EDUCATION  Thursday 09.55 - 10.40

* 528 Motion by OXFORD DIVISION: That this Meeting believes that the proposals outlined in the Greenaway Shape of Training Report, with shortened training and a CST:-

i) will not produce consultants with the level of training required by patients, the profession or services;

ii) are not fit for purpose.

528a Motion by CONSULTANTS CONFERENCE: That this Meeting believes that the Greenaway Shape of Training Review is not fit for purpose given that its recommendation for CST will not produce consultants with the level of training required by patients, the profession and the service.

528b Motion by JUNIOR MEMBERS FORUM: That this Meeting believes the Shape of Training Review report should not be implemented in its current form, and:

i) it might be more accurately termed the “Shape of Service Report”;

ii) it does not provide the correct solution to the problem of staffing hospital rotas;

iii) it would create a hospital sub-consultant grade;

iv) believes that the proposed restrictions to length of training would diminish the value of a certificate of completion of training;

v) calls on the BMA to support the Colleges and specialty training boards in maintaining their ability to self-determine the content and length of curricula required for independent practice;

vi) believes that the length of training should not be restricted to the proposed maximum of 6 years.

528c Motion by SOUTH WEST RSASC: That this Meeting is concerned at the lack of integration of SAS doctors into the Shape of Training Report, and calls upon the Departments of Health and Health Education England to ensure that this oversight is fully addressed when implementing future arrangements for the training and development of the medical workforce in and for the NHS.

528d Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that the proposals outlined in the Greenaway Shape of Training Report, with shortened training and a CST:-
i) will not produce consultants with the level of training required by patients, the profession or services;
ii) are not fit for purpose.

528e Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting has serious concerns regarding the redesign of the speciality training curriculum to accommodate a reduced duration of training as proposed by the Greenway Review.

528f Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting notes the Greenaway (Shape of Training) report and mandates the BMA to lobby for the introduction of any Certificate of Specialty Training to be equal and equivalent to the level and standard of current CCT.

528g Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting accepts that credentialing as proposed in The Shape of Training superficially appears to be a useful tool but is worried that:-
   i) it will lead to the creation of a sub consultant grade;
   ii) it could be used to block the career development of doctors.

* 529 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SOUTH WEST REGIONAL COUNCIL): That this Meeting notes with concern the ever-increasing cost of training and professional development which may include fees for essential courses as well as examinations. We call upon the BMA:-
   i) to continue to lobby faculties, Royal Colleges and education providers to reduce the costs of examination, assessment and essential courses;
   ii) to lobby employers to recognise the cost of essential courses when allocating study leave budgets;
   iii) to seek a consistent ruling from HMRC that the cost of essential educational courses, assessments and examinations will be considered for tax purposes as essential professional expenses.

529a Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting notes with regret the historical difficulty in claiming tax relief upon Royal Colleges Examinations Fees and those of compulsory professional courses and calls upon the BMA to challenge the HMRC taxation status quo and lobby for universal ruling on this matter.

529b Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting notes with concern the ever increasing cost of training, which in addition to examination now often includes essential courses. We thus call upon the BMA:-
   i) to continue to lobby the faculties and colleges and providers to reduce cost of examination, assessment and essential training;
   ii) to lobby employers to make recognition of the cost of essential training in allocation of study budgets;
   iii) to lobby government/HMRC to appropriately reimburse tax for courses considered essential to career progression.

530 Motion by NORTH THAMES RJDC: That this Meeting believes that service and training are inextricably linked and that the BMA should actively resist any moves to separate them.
Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that every effort should be made to support doctors in training who may be experiencing difficulties in providing out of hours child care and ask the government, CoPMeD and NHS Employers to provide additional resources to meet the needs of out of hours childcare for doctors in training who are obliged to provide out of hours cover and who are or who become single parents where no other unpaid childcare options are available to them.

Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting recommends that the current ceiling to the number of times the MRCGP exams can be taken should not apply until and unless an independent review has taken place, to rule out the possibility that the system has failed the candidate.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by JUNIOR MEMBERS FORUM: That this Meeting is concerned by the burden placed on some specialty trainees by excessive numbers of work-based assessments (WBAs), and believes that these expectations are counter-productive to training. This Meeting calls on the BMA to:

i) collect information from all individual specialty training programmes on the types and numbers of WBAs required and expected for trainee progression;
ii) survey specialty trainees on their views and experiences of WBAs;
iii) lobby the Conference of Postgraduate Medical Deans to work on ensuring greater consistency, proportionality and fairness in WBAs.

Motion by SHEFFIELD DIVISION: That this Meeting is concerned that the current postgraduate training programmes are heavily populated by box ticking exercises and calls on the AoMRC to address this immediately by focusing more on the practical and leadership skills of modern day medicine.

Motion by EAST BERKSHIRE DIVISION: That this Meeting recognises the advantages of medical graduates gaining exposure to community working prior to specialisation, however this meeting calls upon the BMA to ensure that core medical and surgical skills are maintained such that any doctor completing Foundation Year 1 is able to adequately clerk and investigate acutely unwell patients, including basic skills competency such as phlebotomy and cannula insertion.

Motion by CITY & HACKNEY DIVISION: That this Meeting notes that there have been too many reforms of postgraduate medical education in recent years, and recent reforms e.g. MMC have been of questionable benefit. This Meeting calls on the BMA to seek cross-party support for a 7-year moratorium on any further structural reforms to postgraduate medical education to provide some stability beyond the life of the next Parliament.

Motion by OXFORD DIVISION: That this Meeting expresses grave concern over reduced study leave budgets and calls for agreed national study leave budgets for both training and career grade doctors such budgets to be raised annually to match RPI inflation.

Motion by JUNIOR MEMBERS FORUM: That this Meeting notes significant disparity in the quality, availability and support for the teaching provided to trainees. We believe trainees should be empowered to make informed choices with regard to training posts, and education providers should be incentivised to provide quality training programmes for trainees. We therefore call on the BMA to:
i) lobby health education providers to ensure regular protected structured teaching is organised and made available to all trainees;
ii) lobby all providers of postgraduate medical education to publicise an annual plan of their available structured teaching programmes to all trainees;
iii) lobby all providers of postgraduate medical education to publish annual trainee feedback on their education and training programmes.

539 **Motion** by WALTHAM FOREST DIVISION: That this Meeting whilst pleased that established doctors are being more involved in the training of students, Foundation Year and Specialty Training doctors, notes that recompense for this activity is unacceptably low, and insists that remuneration for educators should more accurately reflect the market value of training the future medical workforce.

540 **Motion** by NORTH WEST LONDON: That this Meeting believes that engagement and participation of doctors are the keys to the strength and success of the BMA. We therefore urge the Association to adopt policies and take action to assure teaching and training of all medical students and doctors in healthcare and NHS politics and to support their lifelong active participation.

541 **Motion** by WALTHAM FOREST DIVISION: That this Meeting demands that the government appreciate the crucial importance of education and ongoing training in the recruitment and retention of doctors, and hence make more plausible efforts to ensure that continuing professional development has a central role.

542 **Motion** by OXFORD MEDICAL SCHOOL: That this Meeting believes:-
   i) that the introduction of the Situational Judgement Test (SJT) has been beneficial in preparing students for some of the challenges they might face as FY1 doctors;
   ii) that the public will want reassurance that standards of care and patient safety will be upheld in light of the move to grant full registration to doctors at the very beginning of their careers;
   iii) that patients value both professional attributes (as defined in ‘Good Medical Practice’ (2013) and tested in the SJT) and sound clinical acumen in their doctors;
This Meeting resolves:-
   iv) to support HEE’s proposal to bring forward full GMC registration and to introduce a national licensing exam in addition to individual medical school final exams;
   v) to lobby HEE to ensure that the new national licensing exam includes questions testing students’ knowledge of key clinical presentations so as to ensure continued patient safety in light of the system overhaul.

543 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting recognises the continued discrepancies in pass rates of royal college examinations by deanery/region and demands that exact figures of pass rates in all colleges are released by demographic and geographic location so that remedial measures may be appropriately and accordingly directed (to those most needing them).

544 **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting has grave concerns about the entry standards to general practice and feels that there should be a serious review of the process of entry to avoid high percentage of examination failures at the end of GP training.
Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting believes that the present training of doctors is not fit for purpose and has little confidence that current plans will improve matters.

Motion by LONDON REGIONAL COUNCIL: That this Meeting supports the principle that a Certificate of Completion of Specialist Training (CCT) should be:-
   i) indicative of having completed that training;
   ii) the standard requirement for appointment to a consultant post;
   and;
   iii) recognises that a Certificate of Eligibility for Specialist Registration (CESR) should remain an exceptional route to consultant appointment;
   iv) calls upon Council to actively oppose the establishment of "local" training schemes intended to lead to CESRs.

Motion by JUNIOR MEMBERS FORUM: That this Meeting asks the BMA to lobby Health Education England to ensure that there is sufficient flexibility for trainees to demonstrate foundation competencies and apply to specialist training where they have not formally completed a foundation programme.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that doctors who are also clinical educators should be encouraged to fulfil the role. There should be facilities provided for clinical training including remuneration and support well devised job plans agreed between the Employers and the Royal Colleges as set out in the GMC‘ standard of Good Medical Practice.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting demands that mandatory training be evidence-based.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting is appalled at the lack of necessary financial, medico-legal and business organisational education in postgraduate medical training and calls upon the BMA to pressurise the relevant educational authorities to ensure that, by the completion of training, a doctor has basic competencies in these matters.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises the value of leadership and management development for doctors in training in the wake of the Keogh report. We call on the BMA to:
   i) liaise with education providers to include leadership and management development in the core undergraduate curriculum;
   ii) liaise with education providers to support continued leadership development during foundation and speciality training, ensuring it is formally recognised on e-portfolios;
   iii) ensure that education providers offer opportunities for doctors in training to further develop skills in leadership and management within their own organisations.

Motion by LINCOLNSHIRE LMC: That this Meeting recognises that the BMA has contributed to the funding of legal action against the RCGP and supporting the judicial review of the MRCGP exam, but should not contribute to funding of future legal action against any of the Royal Colleges and instead concentrate on its core responsibilities.

Motion by JUNIOR MEMBERS FORUM: That this Meeting acknowledges the difficult transition from being a medical student to a trainee doctor and the
inconsistencies in the delivery of shadowing and induction to the Foundation Programme. We call on the BMA to lobby the GMC to introduce a national standardised framework for trainee doctor shadowing and induction to the Foundation Programme.

554 Motion by JUNIOR MEMBERS FORUM: That this Meeting acknowledges that mutual understanding and team-working between primary and secondary care doctors is essential to providing continuity of high quality care for patients. We call on the BMA to promote a culture whereby community and hospital doctors are part of a unified team by lobbying relevant education and service providers to:
   i) ensure that community and hospital exposure are a mandatory part of training across specialities;
   ii) encourage existing speciality doctors to perform part of their practice outside the hospital walls;
   iii) hold joint educational and clinical practice meetings between GPs and hospital doctors.

555 Motion by SALISBURY DIVISION: That this Meeting calls for medical students and doctors to have better access to support and more training when facing the impact and realities of death, bereavement and grief in their personal and professional lives.

DOCTORS' PAY AND CONTRACTS

Thursday 10.40 - 11.00

* 556 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE BIRMINGHAM DIVISION): That this Meeting:-
   i) believes the pay of doctors in the NHS has been steadily eroded for years and fails to take account of failing morale, falling job satisfaction, rising work intensity, taxation changes and loss and emigration of the workforce;
   ii) requires the BMA to be less apologetic about medical pay;
   iii) asserts the future viability of the NHS should not be made dependent upon reductions in pay of any of its staff.

556a Motion by BIRMINGHAM DIVISION: That this Meeting:-
   i) believes the pay of doctors in the NHS has been steadily eroded for years and fails to take account of failing morale, falling job satisfaction, rising work intensity, taxation changes and loss and emigration of the workforce;
   ii) requires the BMA to be less apologetic about medical pay.

556b Motion by WELSH COUNCIL: That this Meeting believes that the future viability of the NHS should not be made dependent upon reductions in pay of any of its staff.

556c Motion by WELSH COUNCIL: That this Meeting believes that where DDRB intends to deliver a given outcome in an accepted report that if evidence shows this has not occurred they should be mandated to consider this in recommendations in subsequent years by joint instruction from all the interested parties and asks that agreement is sought with the governments on this point.

556d Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting insists that the governments policy of targeting the pay and conditions of dedicated NHS professionals is not a sustainable way of containing the ongoing NHS funding deficit.

556e Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting notes the
DDRB award for doctors in 2014/15 and condemns the Department of Health in England for not accepting the recommendation and:-
i) believes the award pejorative especially to SAS and consultant staff who do not have annual pay progression;
ii) is ashamed of our parliamentarians preparing to accept a major increase in their pay.

*557 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EAST MIDLANDS REGIONAL COUNCIL): That this Meeting:-
i) notes the DDRB was set up as a result of a Royal Commission to avoid manipulation of doctors pay by governments for political purposes;
ii) is concerned that the recent DDRB pay award is non-consolidated, and demands that this be made consolidated;
iii) deplores the government's decision to ignore the recommendations of the DDRB;
iv) demands that the BMA puts pressure on the government for doctors to be given annual pay awards, at a minimum, in line with inflation.

557a Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting:
i) notes the emotional and moral blackmail visited upon all NHS staff by the prime ministerial remarks of 12 March 2014, which linked NHS Pay restraint with the available spend on “vital treatments, on hospitals, on delivering services, which is what patients so badly want”;
ii) reminds both government and society that this is why the Royal Commission recommended the DDRB be set up, with the intent of avoiding such unfairness;
iii) instructs the BMA to lobby for the full reinstatement of the DDRB and other pay body systems;
iv) instructs the BMA to lobby for the DDRB recommendations to be overturned only in extreme extenuating circumstances.

557b Motion by HOLLAND DIVISION: That this Meeting is concerned that the recent DDRB pay uplift is non-consolidated, and demands that this be made consolidated.

557c Motion by LONDON REGIONAL COUNCIL: That this Meeting deplores the government's decision to ignore the recommendations of the Doctors and Dentists Review Body in refusing doctors even a 1% pay rise on top of automatic increments, leaving many with a real-terms pay cut for another year, which further devalues and demoralises vital front line staff.

557d Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting deplores the fact that the English government has rejected the DDRB recommendation of 1% for doctors, and demands that the BMA puts pressure on government for doctors to be awarded annual pay rises, at a minimum, in line with inflation.

557e Motion by HOLLAND DIVISION: That this Meeting is appalled that the English Government has chosen not to fully implement the DDRB recommendation of a 1% pay uplift for NHS secondary care staff, by limiting the uplift to only those at the top of pay scales, and demands that the uplift is implemented for all NHS staff.

557f Motion by KESTEVEN DIVISION: That this Meeting deplores the attitude of the Department of Health not to follow the recommendation of DDRB. These
undervalue the contribution made by the doctors to NHS and it demoralises the workforce. The government should reconsider its decision.

The motion(s) below, in the shaded area, are unlikely to be reached

558 **Motion** by LEwishAM DIVISION: That this Meeting notes the plethora of different contracts, salaried or 'self-employed' now available to GPs including those undertaking a portfolio career; notes that this can be confusing and can lead to an unintentional loss of previously available employment benefits. This Meeting calls on all NHS employers or employers contracting to the NHS to provide clear written information about whether the post is eligible for the NHS pension scheme, whether pay is pensionable, whether sickness and maternity benefits are payable and who is liable for employer and employee contributions.

559 **Motion** by LONDON REGIONAL COUNCIL: That this Meeting recognises that "seven day working" means that doctors would have to provide a seven day service, although working a five day week, such that weekends would be paid at basic rates rather than overtime, with time off in lieu, in order to facilitate elective work at weekends. The purpose is to make running healthcare profitable for private companies. This Meeting calls on the BMA craft committees and BMA Council:-
   i) not to sell our contracts;
   ii) to stop negotiating on "7 day working" immediately.

560 **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting recognises that "7 day working" requires doctors to work on weekends at basic pay, without overtime, to facilitate elective working at weekends and after hours. The purpose is to make running NHS healthcare profitable to private companies. This Meeting calls on BMA branch of practice committees and BMA Council:-
   i) not to sell our contracts;
   ii) to stop negotiating on "seven day working" immediately.

561 **Motion** by JUNIOR MEMBERS FORUM: That this Meeting notes the difficulties in recruiting and retaining A&E trainees and is concerned by the detrimental effects this may have on the delivery of urgent care. This Meeting:
   i) notes that many trainees are put off by comparatively unattractive terms of employment, and calls on the BMA to enter into negotiations with employers to improve these terms;
   ii) calls on the BMA to work with the College of Emergency Medicine and Department of Health to investigate ways by which a career in emergency medicine can be made more attractive to potential trainees;
   iii) calls on the BMA to work with the College of Emergency Medicine and Department of Health to investigate how to improve working conditions in A&E to increase retention of trainees.

562 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting in the context of austerity, rejects the intellectually idle assertions of the ilk that "we are all in this together" or "we have to work smarter" or "it is in the patients best interests" as forms of emotional blackmail to induce doctors to undertake unresourced work, thus bearing the expense of such work from their take home pay, and requires BMA to take actions to educate governments accordingly.

563 **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting is seriously concerned at the persistent attempts to erode and undermine national conditions and terms of service and believes:-
i) members highly regard and value national negotiations;
ii) if national terms and conditions are to be protected there is a real need to ensure the NHS is not seriously undermined.

564 Motion by BRISTOL DIVISION: That this Meeting:-
i) is outraged that the recommendations of the independent pay review body (DDRB) have been ignored by the current government, resulting in an effective pay cut for hard working doctors across the NHS;
ii) calls for negotiations on any new doctors contract to cease forthwith until the DDRB recommendations are implemented in full;
iii) calls for negotiations on any new contract to continue only if an absolute commitment to accept and deliver DDRB recommendations is made by government.

565 Motion by BRISTOL DIVISION: That this Meeting believes the BMA should cease to recommend medicine as a financially viable career choice.

566 Motion by BIRMINGHAM DIVISION: That this Meeting requires that in the event of the closure of an NHS Hospital:-
i) all permanently employed doctors should be offered a choice of alternative employment within a reasonable distance;
ii) the BMA should offer individual support to affected members to ensure they find equivalent employment.

567 Motion by WEST BERKSHIRE DIVISION: That this Meeting believes in an employee’s right to refuse to provide elective (non-urgent or non-emergency) treatment in premium time.

568 Motion by BRISTOL DIVISION: That this Meeting notes that government justified their savaging to NHS pay and pensions on the basis of fairness as private sector employees had suffered. Now that private sector pay is moving ahead of NHS pay, we demand that the government apply the same commitment to fairness in this and future year’s pay settlements.

569 Motion by WELSH COUNCIL: That this Meeting believes that with regard to the proposed increase in employer’s contributions to the NHS pension scheme the BMA must insist that government ensures this is not funded by alterations in the pay of employed doctors or from the incomes of independent contractors.

570 Motion by BRISTOL DIVISION: That this Meeting notes that the government justified their savaging of NHS pay and pensions on the basis of fairness as private sector employees had suffered. Now that private sector pay is moving ahead of NHS pay we demand that the government apply the same commitment to fairness in this and future years’ pay settlements.

571 Motion by LONDON REGIONAL COUNCIL: That this Meeting notes that the average house price in London reached nearly £500k in 2013 yet the “London weighting allowance” has been frozen at £2162 since 2005. This Meeting calls upon Council to support London’s 45,000 doctors by lobbying and campaigning for the introduction of a doctors’ London housing allowance linked to the London average house price.

572 Motion by LONDON REGIONAL COUNCIL: That this Meeting notes the significant extra costs of living and working in London and calls for the London weighting for junior doctors to be increased to at least £5,000.
Motion by ROCHDALE DIVISION: That this Meeting deplores refusal by some NHS trusts to grant the extra two days annual leave to senior medical staff as agreed nationally.

Motion by ROCHDALE DIVISION: That this Meeting deplores enforcing unilateral job plans and unilateral changes in existing job plans by NHS trusts.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that the government is making QUIPP cuts at the expense of NHS staff pay. The BMA must fight that pay keeps up with inflation.

Motion by CITY & HACKNEY DIVISION: That this Meeting notes the move to 7 day working, and demands a guarantee that there will be no attempts to create local variations on nationally negotiated terms and conditions. This Meeting believes that nationally agreed terms and conditions for health workers are an essential prerequisite to the provision of an equitable health service. This Meeting deplores the attempts by some trusts to impose their own terms and conditions of service. This Meeting demands that health workers terms and conditions of service be nationally agreed and implemented.

Motion by TOWER HAMLETS DIVISION: That this Meeting believes that nationally agreed terms and conditions for health workers are an essential prerequisite to the provision of a geographically equitable health service, and:-

i) deplores the attempts by some trusts to impose their own terms and conditions of service;

ii) insists that health workers' terms and conditions of service remain nationally negotiated.

Motion by OXFORD DIVISION: That this Meeting deplores the actions of some NHS trusts which seek to undermine the national terms and conditions of employment for NHS medical staff.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:

i) believes that nationally agreed terms and conditions for all NHS staff is an essential prerequisite for an equitable health service;

ii) opposes attempts to create local variations on nationally negotiated NHS terms and conditions.

Pensions

Thursday 11.00 - 11.10

Motion by OXFORD DIVISION: That this Meeting believes that the Working Longer Review Preliminary Report and Recommendations:-

i) raises more questions than it answers;

ii) demonstrate that there is insufficient evidence to suggest that it will be safe for patients and staff if front line NHS staff are forced to work to state pension age;

iii) should recommend that any change to link the NHS normal pensionable age to the state pension age should be delayed until sufficient evidence on the safety or otherwise of this proposed policy has been gathered.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that the Working Longer Review Preliminary Report and Recommendations:-

i) raises more questions than it answers;

ii) demonstrate that there is insufficient evidence to suggest that it will be safe for patients and staff if front line NHS staff are forced to work to state pension age;
iii) should recommend that any change to link the NHS normal pensionable age to the state pension age should be delayed until sufficient evidence on the safety or otherwise of this proposed policy has been gathered.

The motion(s) below, in the shaded area, are unlikely to be reached

581 **Motion** by NORTH WEST WALES DIVISION: That this Meeting condemns the new NHS pension arrangements due to come into force in 2015 and the blatant age discrimination inherent in them such that only those aged 50 and above in 2012 have guaranteed 10 years transitional protection, and calls upon the UK government to address this appalling situation by extending the same option to all 1995 section scheme members irrespective of age.

582 **Motion** by NORTH WEST WALES DIVISION: That this Meeting calls on the BMA to action the motion passed at the ARM 2013 namely that it seeks urgent negotiations with the UK government to improve the current situation with pensions.

583 **Motion** by AYRSHIRE AND ARRAN LMC: That this Meeting insists that the UK government acknowledges and addresses the unintended consequences of the NHS Pension Scheme / working age changes.

584 **Motion** by AYRSHIRE AND ARRAN LMC: That this Meeting insists that the UK government should delay the changes to the NHS Pension Scheme until the unintended consequences have been fully evaluated and addressed.

585 **Motion** by BIRMINGHAM DIVISION: That this Meeting regrets the relentless implementation of changes to the doctors’ NHS pension scheme and the lack of adequate information or resistance from the BMA.

586 **Motion** by AYRSHIRE AND ARRAN LMC: That this Meeting insists that the UK government should protect all members of the current NHS Pension Scheme from the changes being imposed in 2015.

587 **Motion** by WELSH COUNCIL: That with the advent of CARE with relation to pension contributions from 2015 this Meeting believes there is no reasonable argument to justify differential employee contributions to pensions for those earning above the average income and demands that BMA seeks direct negotiation with government to achieve this.

588 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting demands that the BMA must not support the imposition of higher tiers of NHS pension scheme contributions for higher earning staff, imposed in order to nullify their higher rate tax relief.

589 **Motion** by AYRSHIRE AND ARRAN LMC: That this Meeting insists that the UK government delay any changes to the NHS Pension Scheme until the NHS has been fully resourced to take account of the unintended consequences of the changes to be implemented in 2015.

A 590 **Motion** by OXFORD DIVISION: That this Meeting believes that under a CARE system the NHS pension scheme will no longer be fair and calls upon the BMA to further lobby the UK government to remove a tiered contribution system based on income.
A 591 Motion by ROCHDALE DIVISION: That this Meeting deplores the unilateral decision by the government to increase pension contributions and age of retirement.

A 592 Motion by OXFORD DIVISION: That this Meeting believes that the changes being made to the NHS pension scheme will no longer be fair and calls upon the BMA to further lobby the UK government to remove such injustices.

A 593 Motion by WEST BERKSHIRE DIVISION: That this Meeting believes that under a CARE system the pension scheme is no longer fair and calls upon the government to remove a tiered contribution system based upon income.

A 594 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that under a CARE system the NHS pension scheme will no longer be fair and calls upon the BMA to further lobby the UK government to remove a tiered contribution system based on income.

Contingency time Thursday 11.10

MOTIONS ARISING FROM THE ARM Thursday 11.15 - 12.30

Chosen Motions as voted on by the Representative Body and emergency motions as identified and ordered by the ARM Agenda Committee.

CLOSING BUSINESS

595 Motion by THE CHAIR OF COUNCIL: That the Chairman of the Representative Body be empowered on behalf of the Meeting to approve the minutes of the meeting.

Session closes Thursday 12.30

Closing remarks from the Chairman of the Representative Body

ARM ENDS Thursday 12.45