## RESOLUTIONS - 2019 ANNUAL REPRESENTATIVE MEETING

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<th>ARM agenda No.</th>
<th>Resolutions</th>
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<td><strong>MEDICAL STUDENTS</strong></td>
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| 12 | That this meeting recognises that medical student support services, especially in relation to mental health, can be involved in both fitness to practice and academic progression processes. We therefore call for the BMA to lobby relevant bodies to: -  
  i) establish clear separation between student support and academic progression services;  
  ii) be transparent about how medical student support services data is used and the limits of confidentiality;  
  iii) provide examples of best practice solutions of confidential student support services;  
  iv) ensure student support services are fully confidential. *(AS A REFERENCE)* |
| 13 | That this meeting believes that Looked After Children wanting to apply to medicine have equal value to the profession as other applicants and: -  
  i) calls that children from care should not be discouraged from applying due to their personal background or lack of family support;  
  ii) calls that children from care should receive additional support and information from universities during the application/interview process if requested;  
  iii) calls that children from care should be allocated a contact from the university responsible for all students from care once a student at the university;  
  iv) calls that children from care should be provided help in finding summer time accommodation for students with no out-of-term time base;  
  v) the BMA should lobby each medical school to produce a 'looked after children' policy to increase participation by people who were looked after children. |
| **NATIONAL HEALTH SERVICE** |
| 15 | That this meeting affirms its belief in a publicly funded and provided NHS and calls on the BMA to: -  
  i) lobby relevant decision-makers to ensure the NHS is protected from future trade agreements which would threaten this status;  
  ii) work with like-minded stakeholders to resist the privatisation of the NHS;  
  iii) oppose the use or sale of NHS patient information for commercial purposes;  
  iv) insist on an open national register of private contracts with full transparency of accounts, staff qualifications and quality of service. |
| 16 | That this meeting is concerned about multiple reports of problems with private providers of NHS services and demands: -  
  i) rigorous evaluation of outcomes compared with NHS services;  
  ii) that contracts must enable the provision of integrated, multidisciplinary care;  
  iii) private providers undertaking NHS contract work are required to treat a representative population case mix rather than excluding all but the lowest risk patients;  
  iv) that contracts should be withdrawn from private providers which fail to provide services of the required standard;  
  v) private providers which fail to provide services of the required standard are not eligible to bid for future NHS work. |
| 17 | That this meeting, in respect of access to NHS services, the BMA should negotiate with NHS bodies to ensure: - 
|    | i) parity of access is equitable, clear and non-discriminatory for all patients; 
|    | ii) decision-making is based on clinical assessment of need and potential for benefit to the individual patient; 
|    | iii) services which alleviate pain, promote mobility and improve quality of life will remain within the NHS; 
|    | iv) commissioning decisions will include equity impact assessment, and public and clinical consultation. |
| 18 | That this meeting, in respect of the NHS Long Term Plan: - 
|    | i) believes that many of the ambitions of the Plan will be largely unachievable because of underfunding of the NHS; 
|    | ii) asks the BMA to highlight to government and the public that the reforms and structural changes proposed are not in the interest of the NHS; 
|    | iii) believes launching the Plan without an adequate workforce strategy will precipitate a greater crisis. |
| 19 | That, in respect of the NHS Long Term Plan, this meeting: - 
|    | i) does not support the imposition of funding cuts through efficiency savings; 
|    | ii) does not support the shift of care from hospitals into the community without concomitant increase in resources; 
|    | iii) believes that the NHS should be a system to provide healthcare according to clinical need; 
|    | iv) opposes the NHS Long Term Plan as a plan for a market-driven healthcare system. |
| 20 | That this meeting believes that performance targets within the NHS: - 
|    | i) must be evidence-based and must not be driven purely by political agendas; 
|    | ii) must not attract financial sanctions for non-achievement; 
|    | iii) should not include the measurement of productivity. |
| WORKFORCE | 
| 28 | That this meeting is seriously concerned about the extent of bullying and harassment in the NHS and: - 
|    | i) condemns bullying and salutes those who stand up to it; 
|    | ii) congratulates the BMA on the stance adopted and the work undertaken thus far; 
|    | iii) welcomes the Sturrock review and calls for the recommendations of that report to be implemented across the wider NHS; 
|    | iv) calls for the annual reporting by all NHS bodies of bullying and harassment cases and their outcomes. |
| 29 | That this meeting is concerned that increasing workload and staff shortages are resulting in doctors of all grades experiencing stress and burnout and: - 
|    | i) demands that future working patterns of doctors are sustainable; 
|    | ii) demands that pastoral support be made available to all NHS staff; 
|    | iii) demands that mentoring be made available to all NHS staff; 
|    | iv) calls for annual reporting of staff wellbeing, morale and burnout by all NHS bodies. |
| 30 | That this meeting welcomes the increasing role of non-medical members of the clinical workforce, with the following provisos: - 
|    | i) they must be fully trained for the role by a national certified body, preferably linked to a royal college; 
|    | ii) they must belong to a regulatory body; |
iii) appropriate indemnity must be agreed with the employing body;
iv) they must be subject to an annual appraisal in the role leading to revalidation; AS A REFERENCE
v) they must be seen to be part of a multidisciplinary team;
vi) they must have a title which makes it clear that they are not medically qualified.

31 That this meeting recognises the need for mechanisms to allow doctors to raise and resolve concerns affecting their health and welfare and calls for: -
i) exception reporting to be made available for all grades of doctors;
ii) negotiating of contractual safeguards to allow senior hospital doctors the ability to withdraw from long term second on-call in appropriate circumstances.

AFC

32 That this meeting calls upon the Department of Health, Health Education England, the GMC, Royal Colleges, the BMA and other stakeholders to work together to improve the professional and pastoral support offered to overseas doctors, particularly those that are recruited via online or other “virtual” facilities, to ensure that they are properly equipped to adjust to the high pressure environment in an unfamiliar country and fully enabled to fulfil the expectation of working within the NHS.

35 That this meeting condemns the gagging of the BMA Armed Forces representatives serving as reservists and calls upon the MoD to urgently review the policy of preventing a reservist expressing any opinion on government matters.

36 That this meeting notes that a majority of senior doctors and dentists in the Armed Forces have stated an intention to leave the Services due to the disproportionate impact that taxation rules on Annual Allowance have on Armed Forces doctors and calls upon the BMA to lobby both MoD and Treasury to take urgent action to prevent this outflow.

PENSIONS

38 That this meeting: -
i) notes that restrictions on annual and lifetime allowances in the NHS pension scheme have had a detrimental effect on retaining doctors in clinical practice;
ii) believes that increasing the NHS pension scheme Employer Contributions Rate to over 20% will inevitably reduce the impact of any increase in NHS funding;
iii) calls on the BMA to actively lobby the Treasury to act decisively to improve the NHS pension scheme;
iv) demands that all NHS workers should have a choice to pension only part of their earnings in the NHS pension scheme;
v) demands that NHS workers should not be subject to annualisation of their earnings for NHS pension scheme contribution rate purposes;
vi) demands that, in a Career Average Revalued Earnings (CARE) scheme, all NHS workers should contribute the same net rate to the NHS pension scheme.

39 That this meeting acknowledges the unfairness of calculating pension contributions on the basis of full time equivalent earnings for doctors who work LTFT and that they should instead be based on actual earnings. We call on the government to calculate the loss of earnings to affected individuals and recompense them in full.

40 That this meeting demands that NHSE and Government stop prevaricating and take action to: -
i) terminate, or at least sanction, the contract with Capita due to its catastrophic failings in dealing with GP pension contributions;
ii) declare a tax amnesty for doctors facing excessive tax bills due to Capita failing to forward their pension contributions for several years and then the backdated contributions are found to exceed the annual or lifetime allowances;
iii) investigate and, where necessary, compensate doctors who have become ill as a result of Capita’s failings in handling their pension contributions;
iv) compensate doctors who have not been able to retire due to Capita’s inability to manage their pension contributions.

MEDICINE AND GOVERNMENT

41 That this meeting welcomes the UK government’s agreement to scrap the annual cap on the number of tier 2 visas, but believes there are still too many barriers to the recruitment of international healthcare professionals. This meeting calls on the BMA to:
   - i) lobby the government to significantly reduce the £30 000 salary threshold to reflect NHS pay scales;
   ii) lobby the government for priority status for visas to be established for health care staff at all grades; AS A REFERENCE
   iii) lobby the government for the abolition of the Immigration Health Surcharge;
   iv) join with other unions and professional organisations to campaign for changes to the tier 2 visa system.

42 That this meeting notes that in a pilot to check eligibility for free NHS Care only 1/180 people were deemed ineligible and:
   - i) this meeting believes that it is not cost effective to monitor eligibility for NHS Care;
   ii) this meeting calls for the policy of charging migrants for NHS care to be abandoned and for the NHS to be free for all at the point of delivery;
   iii) that this meeting believes that the overseas visitors charging regulations of 2011 threaten the founding principles of the NHS and that the regulations should be scrapped. AS A REFERENCE

43 That this meeting is frustrated with the misinformation that has been provided by politicians, leading to untold uncertainty over the last three years. This meeting demands that politicians who willfully misinform should be punished appropriately using the Recall of MPs Act 2015. AS A REFERENCE

MEDICAL ACADEMIC STAFF

53 That this meeting notes with concern the decrease in academic doctor numbers and asks for any workforce strategy to consider the positive contribution of academic medicine to the UK.

MEDICAL ETHICS

57 That this meeting notes the recent decision by the Royal College of Physicians to adopt a neutral position on assisted dying after surveying the views of its members, and:
   - i) supports patient autonomy and good quality end of life care for all patients;
   ii) recognises that not all patient suffering can be alleviated;
   iii) calls on the BMA to carry out a poll of its members to ascertain their views on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying.
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| 58   | That this meeting condemns the fact that women in Northern Ireland are currently being discriminated against in their inability to access safe and legal abortions in Northern Ireland. This meeting: -  
   i) notes with alarm that in 2016/2017 only 13 abortions were performed in Northern Irish hospitals compared to 861 abortions for Northern Irish women and girls in hospitals on mainland UK in 2017;  
   ii) calls on the UK government to repeal sections 58 and 59 of the 1861 Offences Against the Person Act;  
   iii) calls for the repeal of section 25 of the Criminal Justice Act (Northern Ireland) 1945. |
| 62   | That this meeting believed the vast majority of post mortems (PMs) are performed in England and Wales under the jurisdiction of Her Majesty’s Coroner. The Coroner PM examination and the storage of tissue removed during PM examination do not require consent from the family of the deceased. However once the coroners authority has ended, consent is required from the deceased’s relatives to retain the slides and tissue. In practice this results in most histology slides and paraffin blocks of tissue taken at Coroners' PMs are disposed of and are lost for teaching, educational and audit purposes. This meeting: -  
   i) believes this a loss to medical education and maintaining good medical practice;  
   ii) asks the BMA to discuss with the Royal Colleges, Coroners' Society and other stakeholders the need to change the rules;  
   iii) asks the BMA to lobby for a change in the Human Tissue Act and Coroner Rules in England and Wales to facilitate retention of the histology slides and paraffin blocks taken at Coroner’s autopsy for teaching, education and audit without the need of deceased relatives’ consent. |
| 63   | That this meeting believes that painful control & restraint methods should be outlawed for use in secure children’s homes. |
| 65   | That this meeting fully endorses the BMA’s continued membership of the World Medical Association for the opportunity it provides to support and influence the development of global health policy. |
| 68   | That this meeting notes with dismay that Welsh Government has stated that it supports GPs on the one hand but demonstrates contempt for them on the other in announcing that GP indemnity is to be funded from the GMS contract, and calls upon the BMA to:-  
   i) campaign for provision and funding of indemnity in line with that provided in secondary care; **AS A REFERENCE**  
   ii) campaign for formal health economic assessment of the costs of health board managed practices and the value of GP Partnerships. |
| 71   | That this meeting warns that attaching criminal sanctions to the professional duty of candour for individual doctors in Northern Ireland is out of step with patient safety developments elsewhere in the UK and Ireland and calls on the department of health in Northern Ireland to: -  
   i) create the conditions for openness and transparency by providing protections for doctors, such as the Open Disclosure provisions in the Republic of Ireland to enable doctors to raise concerns and protect patients;  
   ii) acknowledge best practice in patient safety and raising concerns from other health jurisdictions and urgently adopt these in Northern Ireland; |
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<td>iii) commit to the development of a culture where learning not blaming is a priority, lessons are learnt and disseminated across the healthcare system.</td>
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<td>That this meeting is dismayed at the ongoing lack of a functioning devolved government in Northern Ireland and is concerned that this is having a negative impact on the delivery of health and social care. We call on politicians to urgently re-form the devolved Northern Ireland Executive and to take the key decisions that are needed to protect the health and social care needs of the population in Northern Ireland.</td>
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<td>That this meeting recognises the unacceptably high suicide rate in Northern Ireland, with more people having died by suicide since the Good Friday Agreement 1998 than the total number of lives lost due to the Troubles and calls on the government to fund mental health services and other stakeholders adequately, at least to the level of that in the rest of the UK, in order to address this.</td>
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<td>PROFESSIONAL REGULATION, APPRAISAL AND THE GMC</td>
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<td>That this meeting instructs council to obtain legal opinion clarifying the legal, GMC and contractual position of a doctor refusing to work knowing that they cannot guarantee patient safety due to system failure such as (but not limited to) significant clinical understaffing, IT failure, lack of support staff and to clarify the legal and GMC position if a doctor does work in these circumstances.</td>
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<td>That this meeting is concerned by the increasing numbers of doctors that are suffering from burnout and demands that HM Government: i) reduces the bureaucratic burden of assessments during training; ii) reduces the bureaucracy created by appraisal and revalidation; iii) reduces the CQC inspection system which is causing stress to medical and other healthcare staff; iv) recognises that constant inspection does not produce improvement unless funding, staffing and appropriate resources are also improved.</td>
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<td>That this meeting believes the GMC suffers from a top-down institutional lack of insight and demands that the BMA works to ensure that the GMC is reorganised with independent senior medical leaders overseeing its reorganisation.</td>
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<td>SCIENCE, HEALTH AND SOCIETY</td>
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<td>That this meeting recognises the detrimental effect social media has had on the lives of some young people in society, and the vulnerability that they experience when they feel isolated from the community that surrounds them. We ask the BMA to lobby the UK government to: -</td>
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i) implement binding standards compelling social media networks to prevent the active promotion of self-harm and suicide as a means to deal with mental health issues;
ii) mandate social media networks to implement mental health safeguards for any self-harm-related content visible to at-risk individuals, such as children and adolescents. These may include verification that the user is 16 or over, and promotion of child and adolescent mental health charities;
iii) prosecute media corporations who are found to spread false news surrounding the suicide of a person. **AS A REFERENCE**

82
That this meeting condemns the practice of breast ironing. This meeting calls on the BMA to investigate the prevalence of breast ironing in the UK and to work with appropriate authorities to develop a policy to protect girls from this harmful practice.

83
That this meeting recognises the recent WHO announcement of anti-vaxxers being one of the top threats to global human health in 2019, alongside Ebola, HIV and humanitarian crises. We urge the BMA to lobby the UK government to:
- i) implement binding standards compelling social media corporations to actively prevent the dispersal of false or misleading information on the effects of vaccinations;
- ii) bring legal obligations upon social media corporations enforcing that any anti-vaccine content must display its sources of evidence and of funding; **AS A REFERENCE**
- iii) provide funds to enable vaccine providers (GPs and outreach services) to annually offer any missed childhood vaccines to children, who have not had them previously, up to the age of 16.

**PUBLIC HEALTH MEDICINE**

85
That this meeting is seriously concerned by the increased number of homeless people living and sleeping outdoors across the UK and recognises the deleterious effects of homelessness on physical and mental health. We call on:
- i) medical schools to ensure that the healthcare needs of this population are included in their curriculum;
- ii) NHS bodies to explore integrated models of healthcare for this population such as the pathway team;
- iii) NHS bodies to provide NHS clinical staff with local guidelines including admission and discharge procedures for patients from this population;
- iv) UK governments to commit additional resources to support the primary medical care of these vulnerable people;
- v) UK governments to ensure that no person completing a prison sentence is released to conditions of homelessness.

86
That this meeting believes that everyone has the right to a decent, affordable home and:
- i) welcomes the 2019 Shelter report “Building for our future: A vision for social housing”;
- ii) calls on all political parties to include a commitment to implement the Shelter report recommendations in their next election manifestos.

87
That this meeting is extremely concerned about the growing presentation of knife crime in emergency departments across the UK. We therefore call on the BMA to:
- i) support the work of national charities and projects that aim to tackle this as a public health issue and acknowledges the role healthcare professionals have in tackling this issue alongside other government initiatives;
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<td>ii) ensure medical students are aware of the social impacts of knife crime on the individual and community via integration of a session into the medical school curriculum from e.g. charities / local projects that tackle this issue.</td>
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<td><strong>COMMUNITY AND MENTAL HEALTH</strong></td>
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<td>That this meeting reaffirms the fact that elderly people deserve access to high quality health and social care, and demands that:- i) care homes are nationalised in order to achieve and maintain a national standard of residential and nursing home care; ii) care home staff are subject to NHS appraisal processes and terms and conditions of service; iii) home-based social care should be provided by NHS organisations; iv) there should be an increase in the provision of residential and nursing home beds, so that hospital patients in need of supported accommodation are not faced with long delays for supported living.</td>
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<td><strong>OCCUPATIONAL HEALTH</strong></td>
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<td>That this meeting expects equal treatment for mental and physical ill health for medical students and doctors to reduce stigma for people taking sick leave due to mental ill health, and calls on the BMA to produce best practice guidelines for universities and employers.</td>
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<td><strong>CLINICAL AND PRESCRIBING</strong></td>
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99  That medicines supply shortages are becoming more frequent and the BMA should:
   i) monitor these shortages; AS A REFERENCE
   ii) challenge the lack of NHS action to address the problem;
   iii) raise public awareness of the issue.

DOCTORS PAY AND CONTRACTS

100  That this meeting:
   i) believes that future discussions on doctors’ pay should be informed by earnings data
       for other comparable jobs in the modern economy;
   ii) has no confidence in the Review Body on Doctors’ and Dentists' Remuneration
       (DDRB);
   iii) calls on the Review Body on Doctors' and Dentists' Remuneration (DDRB) to be
       replaced by a transparent, fair and independent system of reviewing doctors’ pay;
   iv) calls on the BMA to ballot members of the Association for industrial action if the
       next pay award is deemed not acceptable.

BMA STRUCTURE AND FUNCTION

106c That this meeting:
   i) believes the current BMA in-house complaints procedure is not fit for purpose;
   ii) believes that BMA members with valid complaints are actively discouraged from
       raising a concern due to the current complaint system;
   iii) believes that sexism and harassoment are not seriously addressed by the BMA;
   iv) welcomes the announcement of an independent external investigation into recent
       complaints of sexism and harassment within the BMA, as long as the investigator has
       the confidence of the complainants;
   v) expects the findings of the external investigation into complaints of sexism and
       harassment within the BMA to be published in a timely manner and any
       recommendations to improve the complaints procedure to be implemented.

108  To best achieve our aims for the National Health Service, medical students, doctors,
      physician associates and other Medical Associate Professionals (MAPs), this meeting
      resolves that the BMA should work with organisations representing physicians
      associates, other MAPs and students of these professions in staff and/or student joint
      committees.

STAFF, ASSOCIATE SPECIALISTS AND SPECIALITY DOCTORS

111  That this meeting, regarding the holiday entitlement of SAS doctors:
   i) welcomes the NHSE recommendation that these doctors should receive an extra 2
       days paid holiday per year and congratulates those trusts which have implemented this;
   ii) instructs BMA to negotiate the inclusion of the recommended extra 2 days holiday
       into the national terms and conditions of service to ensure all SAS doctors will benefit;
   iii) requests BMA to ensure that all NHS Trusts and private companies providing services
       to the NHS, as a minimum give their doctors their annual leave entitlement in full. AS A
       REFERENCE

112  That this meeting congratulates the BMA on agreeing the SAS charter in all four
      nations. We call upon the BMA to: -
   i) work with management to implement the charter using the toolkit;
   ii) provide evidence of this implementation;
   iii) ensure that the SAS LNC representative where present, is involved in the
       implementation and monitoring of the charter.
That this meeting calls on the BMA to consider promoting a CEA system for SAS doctors as part of a modernised reward and recognition regime for this hardworking and often very innovative cohort of the senior medical workforce.

**JUNIOR DOCTORS**

That this meeting:
- i) notes that trainees who move between different deaneries face problems in continuity of benefits like maternity allowances and childcare vouchers;
- ii) recommends that the NHS England as single employer for trainees would be a solution. AS A REFERENCE

That this meeting recognises that practical barriers can discourage doctors from exception reporting and calls for electronic reporting systems:
- i) which are compatible across all platforms;
- ii) which are accessible outside the workplace;
- iii) which are free to use;
- iv) which are demonstrated as part of induction programmes;
- v) whose login details are provided at, or prior to, induction.

That this meeting recognises the negative impact on junior doctor wellbeing when timely annual leave requests are not accommodated by employers and deplores that junior doctors are expected to find their own cover. We therefore call upon the BMA to lobby for contractual change on this basis.

That this meeting recognises the disparity in travel expenses policies between different deaneries, lead employers and local education training boards and we ask that the BMA lobby relevant bodies to create a simpler and fairer standardised expenses policy for all junior doctors.

**FINANCES OF THE ASSOCIATION**

That the annual report of the directors, treasurer’s report and financial statements for the year ended 31 December 2018 as published on the website be approved.

That the subscriptions outlined in document ARM1B (appendix iv) be approved from 1 October 2019.

That this meeting notes the BMJ editorial of 30th March, and preceding news item from 23rd March 2019, on travel claims for spouses by BMA Chief Officers. We ask that the BMA:
- i) commissions a fully independent enquiry into this practice;
- ii) ensures that in the future no such claims are permitted unless they are extraordinary and have prior approval of the Finance Committee.

**TRAINING AND EDUCATION**

That this meeting acknowledges the traumatic impact that clinical events encountered in their training and working environment, such as patient loss of life or patient life-threatening events, can have on junior doctors. This meeting recognizes that this trauma can have lasting negative consequences on trainee wellbeing. It calls upon the BMA to:
- i) lobby education bodies and employers to train all doctors in how to undertake an effective debrief;
ii) lobby education providers to include information on the importance of debriefing after a traumatic event in all postgraduate teaching programmes;  
iii) lobby education bodies to promote the use of debriefs to all involved in training junior doctors;  
iv) acknowledge that debriefs should take place contemporaneously after the traumatic event but must not require junior doctors to extend their working hours or use approved leave in order to receive a debrief;  
AS A REFERENCE  
v) work with the UK Resuscitation Council and other life support course designers to ensure that all life support courses have a mandatory debrief built into the end of the scenario training.

126 That this meeting believes that the RCGP updated curriculum has failed to make the case for a 4 year training program. We call upon the BMA to lobby relevant bodies to:
- i) maintain the current 3 year training length;  
- ii) overhaul training to be based entirely in general practice with short integrated secondary care placements designed to directly address trainees learning needs;  
- iii) adequately incorporate training in management and business skills to better equip trainees as future leaders and practice partners.

127 That this meeting calls for recognition of SAS doctors from Employers, Deaneries and the GMC by:
- i) creating career pathways for SAS doctors including an option of returning to training if so desired, and with full recognition of previous experience and seniority;  
- ii) safeguarding the opportunity and time for training within service for SAS doctors, in line with that afforded to doctors in training, to ensure continued excellence in delivery of patient care;  
- iii) recognising those pathways and banishing the use of pseudonyms such as ‘others’.

HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

129 That this meeting welcomes the Secretary of State’s announcements on stopping out of date technology, but believes that:
- i) arbitrary dates to stop any technology without ensuring clinically safe and appropriate alternatives are in place put patients at risk;  
- ii) relevant stakeholders including NHS England, NHS Digital, individual Trusts, and frontline clinicians should collate the advantages and disadvantages of all methods of communication currently in use within the NHS (including reliability, data security and cost), to identify areas of best practice;  
- iii) where personal phones are required, expenses are claimable and the security of personal details should be GDPR compliant.

130 That this meeting is appalled that the government requires the Department of Work and Pensions to develop a new digital system for the administration of “health related benefits” which would gather relevant data from general practice records by automated routine requests which would destroy the essential doctor/patient relationship of confidentiality and asks the BMA to demand that the government abandon this project.

RETIRED MEMBERS

132 That this meeting calls on the General Medical Council to change its retiral, revalidation and re-entry processes in order to retain senior members of the profession to contribute to clinical services, teaching and research.
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<td>That this meeting demands that the CEA system should be restored to its original form as its current form discourages consultants from pursuit of excellence. <strong>AS A REFERENCE</strong></td>
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| i) That this meeting believes that wholly owned subsidiaries undermine the terms and conditions of health workers and lead to a two tier workforce.  
ii) This meeting calls on the BMA to oppose wholly owned subsidiaries and to call for existing wholly owned subsidiaries to be abolished and all workers to be brought back into NHS terms and conditions. |

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| That this meeting:  
i) is horrified that the Home Office is attempting to embed immigration officers as part of an “enhanced checking service” into NHS trusts and local authorities;  
i) calls on the BMA to demand that this practice is stopped. |

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| That this meeting insists that women accessing lawful abortion services and the staff providing those services:  
i) should not be subject to intimidation;  
i) should be provided with protestor free buffer zones outside abortion clinics. |

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<th>CHOSEN MOTION (International)</th>
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<td>That this meeting calls on the UK government to exert pressure on the Brunei government to reverse its decision to administer cruel, inhuman and degrading punishments, including public flogging of women who have had abortions and death by stoning for homosexuals, as part of its extension of Sharia Law within its criminal justice system.</td>
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<th>CHOSEN MOTION (General practice)</th>
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<td>This meeting calls on the BMA to work with relevant organisations to ensure all CCGs and Health Boards in the UK can guarantee provision of a hoist, with appropriately trained staff, and appropriate examination couch in at least one practice within their groups, enabling timely and accessible examinations of patients with disabilities.</td>
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<th>CHOSEN MOTION (BMA Structure and Function)</th>
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<td>454</td>
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<td>That this meeting believes that in instances where the BMA advocates for members with protected characteristics, the lived experience of members possessing those characteristics is of fundamental importance to the discussions. It therefore calls for the BMA to create a fair and transparent process for the appointment of liberation officers from within the committee of each branch of practice.</td>
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<th>EMERGENCY MOTIONS</th>
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<td>EM1</td>
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| That this meeting condemns the conditions being reported from within immigration detention centres in the USA, and the reopening of former internment Camp Fort Sill and:  
i) calls on the UK government to urgently condemn these conditions publicly; |
ii) calls for the UK government to lobby through diplomatic channels for the closing of these immigration detention centres;
iii) calls for a boycott of US goods by the UK public until dehumanising treatment of people in these centres comes to an end;
iv) calls for consultation with relevant organisations about proper definition of these detention centres.

EM2

i) That this meeting joins with the Sudan Doctors Union UK branch and the Sudanese Doctors Union of Ireland in condemning attacks by masked security men on doctors in Sudan;
ii) This meeting extends solidarity to health workers in Sudan;
iii) This meeting condemns the killing of civilians;
iv) This meeting calls on the BMA to insist that the UK Government stop selling weapons to dictatorships such as Saudi Arabia as these weapons can then be used in the killing of civilians;
v) This meeting calls on the BMA to make a public statement expressing our condemnation and to communicate this to the Sudanese Government.

EM 2 – all parts taken AS A REFERENCE

EM3

That this meeting:

i) is appalled to hear of an attack on doctors in Kolkata who were trying to provide care to patients earlier this month;
ii) expresses solidarity with our health care colleagues in India and the Indian Medical Association in their fight for better working conditions;
iii) asks the association to work with World Medical Association to develop a charter to ensure safety of health care workers across the world.

EM3 – all parts taken AS A REFERENCE

EM4

That this meeting:

i) condemns the arrest, imprisonment and sentencing of council members of the Turkish Medical Association on 3 May 2019, for speaking out against the ‘irreparable physical, psychological, social and environmental damages’ caused by war;
ii) believes that national medical associations, their representatives, and the wider medical profession must be free to speak out against all actions affecting health without fear of intimidation or retaliation, and that any adverse consequences following such statements are a gross violation of international human rights, particularly rights to freedom of expression and opinion;
iii) calls for the Turkish government to stop hostile actions against the Turkish Medical Association and respect the rights of all Turkish doctors to practice medicine impartially in accordance with their core professional obligations;
iv) urges the BMA to continue to demand that Turkey fulfil its obligations under international humanitarian and human rights treaties, including by protecting the right to freedom of association and expression;
v) requires the BMA to continue to lobby such that those regimes that threaten the rights of health professionals are challenged and made accountable.

EM4 – all parts taken AS A REFERENCE