**TITLE:** RESOLUTIONS - 2017 ANNUAL REPRESENTATIVE MEETING

**To:** Council – 13 July 2017

**Author:** Council Secretariat / policy director

**Purpose:** To receive the resolutions of the 2017 ARM, which have been allocated to committees, national councils and departments for action.

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<td>Medicine and government</td>
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| 11 | That this meeting deplores the current blame culture in the NHS and:-  
  i) believes that the woeful government underfunding of the NHS coupled with continued austerity cuts is the greatest threat to quality and safety in the NHS;  
  ii) believes that the crisis in NHS hospitals has been consciously created by the government, in order to accelerate its transformation plans for private sector takeover of health care in England;  
  iii) firmly believes this scapegoating is a deliberate attempt to distract the public from an under-funded service under severe and intense strain. | | |
| 12 | That this meeting:-  
  i) supports the principle of integration of health and social care;  
  ii) calls on politicians from all parties UK-wide to stop raising false expectations regarding what integration can achieve when it comes to reducing the admissions of elderly patients to hospital;  
  iii) calls for government to provide enough hospital beds and social care to meet the demands being placed on these services;  
  iv) calls for government to acknowledge that integration of health and social care cannot be done properly without adequate additional funding;  
  v) calls for government and NHS lead bodies to have an open dialogue with the public and patients about what services the NHS should provide for the funding available and what services can no longer be provided by the NHS. | | |
<p>| 13 | That this meeting reminds governments and healthcare organisations that they serve and are accountable to patients and the public. This meeting calls upon healthcare organisations to:- | | |</p>
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| **i)** | conduct business in public, with open and free access to reports and papers so that appropriate scrutiny can be undertaken;  
**ii)** | provide verifiable evidence for changes to practice and / or services before decisions are made;  
**iii)** | stop extrapolating claims beyond evidence and applying hyperbole to justify their actions without appropriate evaluation;  
**iv)** | publish full accounts where services are paid for through general taxation in order to provide public accountability.  
*(PART iv AS A REFERENCE)* |
| **14** | That this meeting mandates council to lobby for the restoration of the duty of provision of universal health care to the secretary of state for health. |
| **National Health Service** |   |   |
| **16** | That this meeting recognises the acknowledged links between poor medical engagement with risks to patient safety and poor outcomes for patients and:-  
**i)** | recognises that promoting greater medical involvement in the design and planning of healthcare is crucial in ensuring that improved patient services are properly designed and effectively implemented;  
**ii)** | calls for radical change of the management culture in the NHS from the current hierarchical focus on narrowly based targets towards a clinically based system adapted to the needs of patients;  
**iii)** | calls for all NHS organisations to agree and sign up to a new medical engagement charter that will facilitate the positive involvement and engagement of doctors who are willing to work in close cooperation with other clinical and non-clinical healthcare staff. |
| **17** | That this meeting notes with concern the increasing numbers of patients resorting to crowdfunding their own wheelchairs due to delays and cuts in wheelchair services, and the recent suggestion from Muscular Dystrophy UK that a ‘postcode lottery’ pervades such services across the country. We call on the BMA to work with NHS England, the Association of Directors of Adult Social Services and other relevant bodies to ensure that would-be wheelchair users have timely access to chairs suitable for their individual conditions. |
| **18** | That this meeting condemns any proposal to deny patients prescriptions for medicines available over the counter:-  
**i)** | recognises that such a move would further increase inequalities, in relation to medical conditions, age and socio-economic status;  
**ii)** | believes that this will increase risks to patients;  
**iii)** | calls for the withdrawal of any such plans.  
*(MOTION 18 AS A REFERENCE)* |
| 19 | That, with regard to referral management systems, this meeting:-  
   i) notes with concern that many Clinical Commissioning Groups operate referral management systems to constrain referrals of patients to acute care;  
   ii) notes that these systems have the potential to undermine sharing decision-making and to harm patients by delaying their management;  
   iii) deplores the blanket application of referral management policies;  
   iv) calls on the BMA to publicise tick-box referral management systems as rationing;  
   v) calls upon the BMA to lobby for the abolition of referral management systems. |
| 20 | That this meeting supports the concept published in the GPC document "Quality First" that one specialist should be able to use their professional acumen to refer directly to another specialist and asks for its promotion and implementation by NHS England and the devolved departments of health. |
| 21 | That this meeting condemns the wide variation in commissioning by clinical commissioning groups of end-of-life and palliative care services in England and calls on the government to support the Access to Palliative Care Bill. |
| **Workforce** |  
| 23 | That this meeting is concerned about the health and wellbeing of our medical colleagues particularly; stress, fatigue, burnout, substance abuse and low morale. This meeting:-  
   i) congratulates the BMA and the Royal Medical Benevolent Fund on establishing the pilot DocHealth programme and supports an extension, following successful evaluation of the pilot;  
   ii) calls for the establishment of a comprehensive workplace policy and code of conduct, within the framework of health and wellbeing, to help prevent and reduce the risk of harm caused by alcohol and substance misuse amongst employees;  
   iii) calls for a fully functional and resourced occupational health service for all NHS staff;  
   iv) calls on the government to raise morale amongst NHS staff. |
| 24 | That this meeting recognises that in an increasingly stretched and resource-starved health service, doctors are increasingly asked to work beyond their capacity, and that in so doing mistakes, errors and oversights become inevitable. We call on the BMA to lobby the GMC to amend its guidance to acknowledge that even good and competent doctors may cause harm to patients when working in such |
an environment, and to acknowledge that such mistakes can be a product of the environment and not the fault of the practitioner.

25 That this meeting demands that the UK government act to avert future crises in workforce availability including reviewing the Shortage Occupation List and investments into specialties at particular risk including: emergency medicine, general practice and paediatrics.

26 That this meeting mandates the BMA to work with relevant bodies to ensure that where extended role practitioners (ERPs) and doctors share clinical duties:
   i) there is an evidenced need to recruit an ERP;
   ii) the training needs of both groups are fully considered and clearly defined;
   iii) both groups have appropriate supervision, responsibility and safeguards in their roles.

27 That this meeting calls on health organisations training physician associates or similar non-medical staff to:
   i) make sure that learning outcomes are clear to trainers and supervisors;
   ii) make sure that patients do not mistake such students as doctors in training;
   iii) plan sufficiently to ensure that such clinical placements do not affect medical student teaching adversely.

28 That this meeting welcomes the BMA’s commitment to care workers receiving a living wage and through exploring with our fellow trade unions how we can support them to improve the terms and conditions for care workers.

29 That this meeting does not support the existing practice of charging NHS employees to park at their place(s) of employment, especially as this payment typically does not guarantee space. It also demands that the NHS sites better monitor parking facilities to ensure they are adequately maintained, secure and safe for all staff at all hours of work.

30 That this meeting welcomes the BMA’s commitment to care workers receiving a living wage and exploring with our fellow trade unions how we can support them to improve the terms and conditions for care workers.

**Armed Forces**

33 That this meeting is deeply concerned by the persistent and increasing faults with the Defence Medical Information Capability Programme (DMICP), which affect patient safety and undermine the professionalism of clinicians. We call on the BMA to lobby the Ministry of Defence to take urgent action to rectify the following issues:
| i) insufficient number of available IP addresses resulting in delayed start-up or an inability to access the system entirely without frequent software crashes or total loss of IT;  
ii) failure of the system to load previous history, as well as save current consultations;  
iii) system failure with regard to printer integration, leading to potential patient safety and confidentiality issues;  
iv) lack of secure integration with NHS IT systems. |  
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<td>That this meeting requires the BMA to request that Defence Medical Services research is fully supported to ensure that military clinicians are able to provide the best medical care to patients on and off operations, both now and into the future.</td>
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| 35 | That this meeting requires the BMA to ensure that junior doctors within the Defence Medical Services are not disadvantaged against civilian junior doctors employed in the same department. This specifically includes, but is not limited to, ensuring that military junior doctors:-  
i) have access to the guardian and exception reporting;  
ii) are not allocated more out of hours work than civilian counterparts;  
iii) are not used disproportionately to cover gaps in rotas shared with civilian junior doctors;  
iv) are appropriately remunerated for extra hours worked in a manner akin to civilian junior doctors. |  
| NHS Finances / Financing |  
| 36 | That this meeting demands governments urgently rectify the severe and chronic underfunding of health and social care which:-  
i) places extreme pressure on services and the workforce;  
ii) puts at risk services to patients and the health of the public;  
iii) undermines sustainable, publicly provided, universal healthcare;  
iv) is not addressed by the unrealistic savings of sustainability and transformation plans. |  
| 38 | That this meeting calls on UK governments to commit to funding the NHS to at least the average levels spent on healthcare by comparable leading European countries. |  
| 40 | That this meeting believes that NHS funding allocations should take account of:-  
i) the increased costs in rural areas of providing, and for patients of accessing, NHS services;  
ii) the increasing costs of financial compensation for clinical negligence consequent on the changes to the discount rates. |
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<td><strong>NHS Sustainability and Transformation Plans (STPs)</strong></td>
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| **41** | That this meeting believes that sustainability and transformation plans have not produced a sustainable funding model for the NHS in England, and the BMA calls for:-  
  i) the maintenance and improvement of the quality of patient care to be the absolute priority;  
  ii) patients and the public to be consulted on realistic, evidence-based STPs;  
  iii) there to be no further reduction in inpatient beds until after a comprehensive assessment of the clinical needs of the local population;  
  iv) clinical education and training to be protected and promoted;  
  v) any service reconfiguration to be clinician-led;  
  vi) at least one doctor appointed by regional councils to be engaged in a meaningful clinical forum with each STP;  
  vii) STPs to be fully funded to achieve true transformation. |
| **42** | That this meeting condemns the woeful manner in which STPs have been progressed, turning them into vehicles to try to legitimise further cuts to vital NHS services, and proposes STPs are abandoned. |
| **Bye-law changes to structure and election of council** |   |
| **44** | That this meeting approves the bye-law amendments to the membership and election to UK council in the manner shown in appendix III of document ARM 1A. |
| **BMA Structure and Function** |   |
| **45** | That this meeting wishes to see increased BMA policy feedback and engagement locally and asks the BMA to consider a move to an element of regional representation on council. |
| **46** | That this meeting congratulates the association on its ‘Living Our Values’ campaign, and urges the BMA to:-  
  i) produce a code of conduct for all members and representatives;  
  ii) review how the articles and byelaws should be amended to support members working together constructively.  
  (PART ii) AS A REFERENCE) |
| **47** | That this meeting congratulates the association on the progress made through the Member Voice and Democratic Structures review, and calls for:-  
  i) the treasurer to report to the 2018 ARM on the outcome of the recently-begun pilot of direct reimbursement of divisional expenditure through Concur;  
  ii) the treasurer to report on the lessons learned from phases 1 and 2 of the local engagement pilots; |
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| 7    | iii) once evaluated, prompt roll-out of the local engagement programme across all parts of the UK.  
(PART iii) AS A REFERENCE |
| 48   | That this meeting believes that retired members need more recognition in the structures of the BMA if their potential is to be realised and their membership retained. |
| 59   | **Professional Regulation, Appraisal and the GMC**  
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. |
| 60   | That this meeting instructs BMA council to resist all attempts to create a single regulator for the health professions. |
| 61   | That this meeting recognising that decisions made by non-clinical managers in the NHS and other health service providers affect the health of our nations, this meeting calls for a system of regulation for such staff, in line with the manner in which clinical staff are regulated by professional bodies. |
| 73   | **Health Information Management and IT**  
That this meeting:  
i) recognises the critical part that IT infrastructure plays in delivery of health care;  
ii) is aware that vast parts of the United Kingdom have inadequate broadband links;  
iii) calls on the four UK governments to accelerate the provision of fast broadband to all areas of the country. |
| 80   | **Science, Health and Society**  
That this meeting congratulates the work of the Rotarians in their campaign PURPLE4POLIO for the complete eradication of polio. |
| 95   | **Finances of the Association**  
That this meeting is seriously concerned by the major impacts that fossil fuels have on health via air pollution and climate change, and is aware of the role of divestment in strengthening the advocacy position of the BMA, and calls on the BMA to:  
i) take advice from suitably qualified financial advisers to develop a policy to divest from fossil fuels, to include those investments currently in pooled funds, and |
substantially reduce exposure to the financial and reputational risks associated with climate change causation;

ii) heed the recommendation of the World Medical Association in its 2016 statement on divestment to "begin a process of transferring their investments, when feasible without damage, from energy companies whose primary business relies upon extraction of, or energy generation from, fossil fuels to those generating energy from renewable energy sources".

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<th>Staff, Associate Specialists and Speciality Doctors</th>
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<th>Medical Students</th>
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