Annual Representative Meeting 2017

Agenda

25-29 June 2017, Bournemouth International Centre
The BMA has endeavoured to print all material relating to ARM 2017 using recycled or FSC-certified paper. We have done this to uphold BMA policy (see below) and the Representative Body’s wish to look after the environment.

That this meeting calls for all papers relating to BMA ARM and AGM to be printed on either 100% recycled paper or 100% FSC-certified paper from sustainable sources. (2016)
British Medical Association

AGENDA
of the
ANNUAL REPRESENTATIVE MEETING

TO BE HELD AT THE

Bournemouth International Centre,
Exeter Rd, Bournemouth BH2 5BH

FROM

MONDAY, 26 JUNE 2017

UNTIL

THURSDAY, 29 June 2017

BMA Representative Body Chair: Dr Anthea Mowat

(NB: The appendices to the ARM agenda will be in a separate document ARM1A)
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INFORMATION

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

OPENING OF THE MEETING Monday 9.15 - 9.30

Welcome and introductions by the BMA Representative Body chair, Anthea Mowat.

PROCEDURES, PROCESS AND TIMETABLES

1 Motion by BMA REPRESENTATIVE BODY CHAIR: That this Meeting approves:-
   i) the standing orders (Appendix 1 of document ARM1A) be adopted as the standing orders of the meeting;
   ii) that the precincts of the meeting be regarded as the whole of the conference centre;
   iii) the timetable for elections to be carried out during the meeting as set out in ARM5 (on the website);
   iv) that in accordance with standing order 37, a ballot of representatives will be held on the first day of the ARM to enable them to choose motions, amendments or riders which should be given priority (Chosen Motions - "C motions"). A ballot paper (ARM8) has been circulated with the documents for the meeting which should be returned to the ARM registration desk by the end of the Monday ARM session 26 June 2017.

2 Confirm: Minutes of the BMA Annual Representative Meeting held on 20 June to 23 June 2016 (ARM 11 - on the website).

3 Receive: That the reports from branches of practice for the session 2016-17 are available from the website.

Order of business

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

   Monday AM
   09:15 Welcome and Opening of Meeting (page 3, items 1-10)
   09.30 Keynote Address By BMA Council Chair, Dr Mark Porter (page 5)
   09.50 Medicine And Government (page 6, items 11-14)
   10.20 National Health Service (page 9, items 15-22)
   11.20 Contingency Time
   11.25 Workforce (page 13, items 23-30)
   12.05 British Medical Journal (page 18, item 31)
   12.10 Armed Forces (page 18, items 32-35)
   12.30 Session closes

   Monday PM
   14.00 Speeches And Hustings For The Candidates In The Election Of The Treasurer (page 19)
   15.00 NHS Finances/Financing (page 19, items 36-40)
   15.50 NHS Sustainability And Transformation Plans (STPs) (page 25, items 41-42)
16.10 Medical Academic Staff (page 29, item 43)
16.15 Bye-law Changes To The Structure And Election Of Council (page 29, item 44)
16.45 Contingency Time
16.50 BMA Structure And Function (page 29, items 45-48)
17.30 Session closes

Tuesday AM
09.00 Abortion And The Criminal Law Special Session (page 33)
10.00 Medical Ethics (page 33, items 49-55)
11.15 Professional Regulation, Appraisal And The GMC (page 37, items 56-61)
11.45 Community And Mental Health (page 41, items 62-65)
12.15 Contingency Time
12.20 Session closes
12.20 Annual General Meeting (page 42)

Wednesday AM
09.00 General Practice (page 43, items 66-70)
09.45 Health Information Management And IT (page 44, items 71-73)
10.05 Science, Health and Society (page 45, items 74-80)
11.00 Northern Ireland (page 48, items 81-84)
11.25 Wales (page 49, items 85-86)
11.40 Scotland (page 49, items 87-88)
11.55 Private Practice (page 49, item 89)
   Civil And Public Services (page 49, item 90)
12.00 Contingency Time
12.05 Finances Of The Association (page 49, items 91-95)
12.25 Charities (page 50, item 96)
12.30 Session closes

Wednesday PM
14.00 Doctors' Pay, Pensions and Contracts (page 51, items 97-101)
14.50 Staff, Associate Specialists And Specialty Doctors (page 54, items 102-105)
15.15 Medico-Legal Affairs (page 55, items 106-108)
15.40 Forensic Medicine (page 56, items 109-111)
16.00 Contingency Time
16.05 Medical Students (page 57, items 112-116)
16.40 Junior Doctors (page 59, items 117-120)
17.05 Occupational Medicine (page 59, items 121-122)
17.15 Q&A Treasurer (page 60)
17.30 Session closes

Thursday AM
09.00 Consultants (page 61, items 123-125)
09.25 Public Health Medicine (page 61, items 126-128)
09.45 Professional Fees (page 63, items 129-130)
10.00 International Affairs (page 63, items 131-134)
10.35 Brexit (page 64, items 135-136)
10.55 Training And Education (page 68, items 137-140)
11.35 Contingency Time
Agenda of the ARM

11.40 Motions Arising From ARM
12:55 Closing Business (page 69, item 141)
13.00 Close Of The Meeting

Bye-laws

5 Motion by THE ORGANISATION COMMITTEE CO-CHAIRS ON BEHALF OF COUNCIL: That the bye-laws of the association be amended in the manner shown in appendix II of document ARM 1A.

[NB: This motion is the ‘usual’ ARM bye-law en-bloc proposal regarding the ‘standard’ or ‘routine’ changes to the bye-laws (such as changes of names of committees and councils, membership thereof, terms of reference etc.) that have been proposed by those committees or officers; and have been scrutinised and ultimately approved as part of the routine business of the organisation committee and subsequently approved by council. This motion therefore allows all the necessary changes to the bye-laws excluding the proposals regarding changes to council which follow as separate debates prior to the BMA structure and function section]. [2/3 majority required].

BMA policy

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

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

8 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 published in the policy book, unless challenged at this point in the meeting.

PRESIDENT OF THE BMA

9 Motion by COUNCIL: That Professor Dinesh Bhugra be elected BMA president for 2018-19.

HONORARY VICE PRESIDENT

10 Motion by COUNCIL: That Kailash Chand be elected as an Honorary Vice President of the Association.

BMA COUNCIL CHAIR

Monday 9.30 - 9.50

Keynote address by the BMA council chair, Mark Porter.
* 11 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): 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.

11a Motion by EDGWARE & HENDON DIVISION: That this meeting deplores the current blame culture in the NHS fuelled by political policy of crude performance judgement, and calls upon the government to take responsibility for the systemic pressures and underfunding in the NHS which compromises patient care.

11b Motion by EDGWARE & HENDON DIVISION: That this meeting believes that the government’s woeful underfunding of the NHS coupled with continued austerity cuts is the greatest threat to quality and safety in the NHS.

11c Motion by ENFIELD AND HARINGEY DIVISION: That this meeting believes that unnecessary patient deaths are occurring in England’s hospitals due to massive cuts to NHS funding, hospital beds and staff numbers. This meeting holds the government responsible for this ‘Humanitarian crisis’ not the junior doctors.

11d Motion by NORTH EAST REGIONAL COUNCIL: That this meeting:-
   i) denounces the government in its attempts to scapegoat and lay blame on professionals working within the health service for the NHS crisis;
   ii) firmly believes this scapegoating is a deliberate attempt to distract the public from an under-funded service under severe and intense strain.

11e Motion by LONDON REGIONAL COUNCIL: That this meeting condemns as totally erroneous the Prime Minister’s attempts to blame the A&E crisis on general practitioners and notes that the solution to this crisis depends on increasing recruitment and retention in acute specialties and bringing the number of in-patient beds and health spending per capita up to the level of comparable European countries.

11f Motion by ENFIELD AND HARINGEY DIVISION: That this meeting 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. This meeting calls on the BMA to campaign to remove this government and replace it with one committed to restoring NHS funding, and expelling private corporations from NHS provision and commissioning.

11g Motion by SOUTH ESSEX DIVISION: That this meeting recognises the fact that the NHS is in humanitarian crisis and condemns the government for its failure to recognise appropriately and address the seriousness of the situation.
11h **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting:-
i) condemns the No 10 press briefing in January 2017 that tried to blame GPs for the crisis in health and social care;
ii) believes that the public know the truth that the government's failure to invest in the NHS and cuts to social care is the real reason for the current crisis.

11i **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
i) 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;
ii) calls on the BMA to campaign to remove this government and replace it with one committed to restoring NHS funding, and expelling private corporations from NHS provision and commissioning.

11j **Motion** by CONSULTANTS CONFERENCE: That this meeting believes that the government must bring the English NHS back from the brink of collapse by:-
i) providing realistic funding for both social care and health care;
ii) reversing the ill-considered £22 billion of planned cuts to Health Service funding;
iii) ensuring that funding and the provision of in-patient beds at least match that of comparable European countries as a percentage of GDP;
iv) informing the public of what services they can expect to be provided by the NHS and what services are no longer affordable;
v) refraining from blaming doctors for the problems that result from underfunding of the NHS and social care;
vi) listening to the evidence and the advice of its own experts.

* 12 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SCOTTISH COUNCIL): 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 this 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.

12a **Motion** by SCOTTISH COUNCIL: That this meeting supports the principle of integration of health and social care, but:-
i) calls on politicians from all parties UK-wide to stop raising false expectations regarding what it can achieve when it comes to reducing the admissions of elderly patients to hospital;
ii) calls for all four governments in the UK to provide enough hospital beds and social care to meet the demands being placed on these services;
iii) calls for all four governments in the UK to acknowledge that this cannot be done properly without adequate additional funding.

12b **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that the government and NHS England should have an honest 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.

12c **Motion** by LEWISHAM DIVISION: That this meeting believes the move toward greater integration of health and social care services:-
   i) may lead to better quality services;
   ii) will not in itself save money.

12d **Motion** by NORTH EAST WALES DIVISION: That integration of health and social services should be aimed at providing better care rather than focusing on saving money alone.

12e **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting deems it inequitable to limit hospital treatment for elderly people in order to secure “efficiency savings” and requests the BMA to urge the government to reverse this policy.

12f **Motion** by CLWYD NORTH DIVISION: That this meeting calls upon governments and health organisations to provide sufficient beds, of the right type and place, for the work they expect from doctors or tell patients the truth about cuts to services, rather than building up false hopes and blaming patients for living longer.

12g **Motion** by LONDON REGIONAL COUNCIL: That this meeting:
   i) believes that unnecessary patient deaths are occurring in England’s hospitals due to massive cuts to NHS funding, hospital beds and staff numbers;
   ii) holds the government responsible for this “Humanitarian’ crisis not the junior doctors.

12h **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting holds the government responsible for the increase in bed-blocking and delays with repatriation as a direct consequence of a steady decrease in hospital beds in the community.

12i **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this meeting recommends that the government increases beds across the NHS or institutes a policy of having corridor beds in hospitals where the 4 hour target is regularly breached over a six month period. Patients placed in the corridor ward will have to be mobile, reasonably well and on the way to discharge. This will ensure that the sickest patients in hospital are not managed in ill-equipped corridors in A&E.

12j **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recommends that the government increases beds across the NHS or institutes a policy of having corridor beds on adult wards in hospitals where the 4 hour target is regularly breached over a six month period. Patients placed in the corridor beds will have to be mobile, reasonably well and on the way to discharge. This will ensure that the sickest patients in hospital are not managed in ill-equipped corridors in A&E.
12k  **Motion** by SCUNTHORPE DIVISION: That this meeting asserts that, with the current funding and resource crisis in the NHS, the government should look again at only providing a basic essential health service with flexibility for personal top-ups.

* 13  **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY THE CLWYD NORTH DIVISION): 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:-
   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.

13a  **Motion** by CLWYD NORTH DIVISION: That this meeting reminds governments and healthcare organisations that they serve and are accountable to patients and the public. This meeting call upon such bodies to:-
   i) conduct all 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) to 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.

A 14  **Motion** by LONDON REGIONAL COUNCIL: 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**

**Monday**  10.20 - 11.20

* 15  **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting acknowledges that NHS staff are demoralised by constant reorganisation and implores the government to provide an extended period of stability in order that staff can concentrate on clinical work and on improving patient care.

15a  **Motion** by SHROPSHIRE DIVISION: That this meeting states that the NHS is demoralised by constant reorganisation and asks for a period of stability in order that medical staff may concentrate on clinical work.
Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY THE WELSH COUNCIL):
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.

Motion by WELSH COUNCIL: That this meeting:-
  i) recognises the acknowledged links between poor medical engagement with risks to patient safety and poor outcomes for patients;
  ii) recognises that promoting greater medical involvement in the design and planning of healthcare is seen as crucial in ensuring that improved patient services are properly designed and effectively implemented;
  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.

Motion by EASTERN KENT DIVISION: That this Meeting feels that there should be a radical change of 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.

Motion by CLWYD NORTH DIVISION: That this meeting recognises the association between poor medical engagement and adverse patient outcomes, observes that medical engagement in Wales is woeful in places, and calls upon health boards to establish open and transparent mechanisms for improving engagement with doctors, monitoring progress and making health boards work actively to improve areas of poor medical engagement.

Motion by JUNIOR DOCTORS CONFERENCE: 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 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY THE TOWER HAMLETS DIVISION): 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.

18a **Motion** by TOWER HAMLETS DIVISION: That this meeting notes that 90% of NHS prescriptions are currently dispensed free of charge to the 60% of the population eligible for free prescriptions, many of whom are in the greatest need of medication for acute and long term conditions. This meeting:-

i) condemns the government for further attempting to undermine the comprehensive NHS by proposing to disallow NHS prescriptions for effective items, also available over the counter, such as paracetamol for chronic pain and gluten free food for coeliac disease sufferers;

ii) recognises that such a move would further increase inequalities, in relation to medical conditions, age and socio-economic status;

iii) believes that this will increase risks to patients, as prescribers deal with increased demand for prescription only, more toxic medicine such as opioids and NSAIDS for pain, or that inappropriate medication may be purchased;

iv) calls on the government and NHSE to withdraw their current plans.

18b **Motion** by EDGWARE & HENDON DIVISION: That this meeting is concerned that Simon Steven’s new policy position, in respect of denying patients prescriptions available over the counter is not in keeping with doctors responsibilities to prescribe where clinically necessary for patients, primarily affecting those exempt from prescription charges, and places the Minor Ailment Scheme at risk.

19 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SOUTH WEST REGIONAL COUNCIL): 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.

19a **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the training and experience that goes into the decisions doctors make with their patients when referring patients to specialist services and:-

i) deplores blanket policy referral management schemes;

ii) calls on the BMA to publicise tick-box referral management schemes as rationing;

iii) recognises that the NHS is as good as it is through the good will of its staff and the staff are not to blame for underinvestment;
iv) believes that our comprehensive NHS is becoming a safety-net service with UK patients not getting the equivalent routine care to countries with similar GDPs;  
v) asserts that the disinvestment in the NHS is a deliberate policy choice.

19b **Motion** by SALISBURY DIVISION: That this meeting recognises the training and experience that goes into the decisions doctors make with their patients when referring patients to specialist services and:-  
i) deplores blanket policy referral management schemes;  
ii) calls on the BMA to publicise tick-box referral management schemes as rationing;  
iii) recognises that the NHS is as good as it is through the good will of its staff and the staff are not to blame for underinvestment;  
iv) believes that our comprehensive NHS is becoming a safety-net service with UK patients not getting the equivalent routine care to countries with similar GDPs;  
v) asserts that the disinvestment in the NHS is a deliberate policy choice.

19c **Motion** by SALISBURY DIVISION: That this meeting believes that medicine is a system under pressure to become ever more efficient and:-  
i) doctors who deliver care are no longer in control of how they deliver that care;  
ii) our work is governed by organisations who regulate workflows, patient flows, information capture and financial transactions;  
iii) consultations include protocolised requirements that override the immediate concerns of individual patients by interventions designed to prevent illness;  
iv) referral management schemes undermine shared decision making;  
v) supports a re-orientation from volume alone to focus on customised value to the individual patient.

19d **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes with concern the recent BMJ study indicating that many clinical commissioning groups are operating referral management systems interrupting the referral of patients by general practitioners to hospital consultants. We note that these schemes have no evidence of clinical or cost benefit and we call on the BMA to advise all doctors not to co-operate with these schemes.

19e **Motion** by EDGWARE & HENDON DIVISION: That this meeting notes with concern that many Clinical Commissioning Groups operate referral management systems in order to ration the referrals of patients to acute care. We note that these schemes have no evidence of clinical or cost benefit and instead have the potential of causing patients harm by delaying their management. We call upon the BMA to lobby where relevant on behalf of the profession to abolish such unsafe schemes.
* 20 Motion by SALISBURY DIVISION: 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.

20a Motion by SALISBURY DIVISION: That this meeting:-
   i) deplores the inability of secondary care clinicians to offer management of similar conditions in contralateral limbs without a new referral from GPs;
   ii) supports hospital clinicians being permitted to use their professional acumen to deliver timely, efficient and greatly satisfying care without needing to re-consult GPs.

A 21 Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: 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.

A 22 Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes promoting self-care and patient accountability is paramount in managing demand and delivering safer care in the NHS.

Contingency time  Monday 11.20

WORKFORCE  Monday 11.25 - 12.05

* 23 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SOUTH EAST COAST REGIONAL COUNCIL): 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.

23a Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting:-
   i) notes with concern the increasing levels of work stress and burnout amongst doctors;
   ii) congratulates the BMA and the Royal Medical Benevolent Fund on establishing the pilot DocHealth programme;
   iii) supports the extension of the project once the pilot has been evaluated.

23b Motion by SALISBURY DIVISION: That this meeting calls for all NHS employers to establish, within the framework of Health and Wellbeing, a comprehensive workplace policy and code of conduct to help prevent and reduce the risk of harm caused by alcohol and substance misuse amongst NHS employees.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting demands that all NHS hospitals should provide clear defined standards on rest facilities for doctors undertaking on-call duties, to reduce the impact of fatigue on physical and mental health.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting believes that the medical morale has been severely affected by the acute shortage of doctors and nurses and needs government immediate attention.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting calls upon the government to urgently address the low morale in all parts of the NHS that leads to early retirement and to remedy the situation by taking urgent and robust measures to put right all that is wrong including retaining staff and encouraging demoralised staff to return to productive work in the NHS.

Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that in an underfunded, understaffed and overstretched NHS doctors at all levels are often forced to work beyond their capacity and in some cases capability. As a result doctors' stress levels are increasing, posing threats both to the profession and patients. We call on the BMA to:-
   i) investigate the stress on doctors caused by their increasingly challenging work environment;
   ii) work with relevant bodies such as the GMC and Royal Colleges to tackle the problem including the danger to doctors and patients of professionals errors made while working under stressful conditions.

Motion by SCUNTHORPE DIVISION: That this meeting calls upon the government to urgently address the low morale in all parts of the NHS and take urgent and robust measures to put right all that is wrong including retaining staff and encouraging demoralised staff to return to productive work in the NHS.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting believes that doctors under stress are more likely to suffer health issues, be excluded, and be more prone to errors undermining patient safety (based on the recent GMC report) and that there is a need for the BMA to lobby both the government and the GMC to set up a national health service wide support and mentoring service, for the following reasons:-
   i) lengthy suspensions/absences are costing the NHS large amounts of money in Locum costs (NAO report 2003);
   ii) patient safety will be enhanced by doctors who feel supported and have access to a local mentor/coach for pastoral care.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting asks the Association to collect the evidence of high workload pressures leading to early burnout in doctors in all branches of medicine and early retirement and request NHS England to invest in a fully functional and resourced occupational health service for all doctors.

Motion by SCUNTHORPE DIVISION: That this meeting asks the Association to collect the evidence of high workload pressures leading to early burnout in doctors in all branches of medicine and request NHS England to reinvest in a fully functional Occupational Health Service for all doctors.
23k  **Motion** by SCUNTHORPE DIVISION: That this meeting welcomes the recently announced service to counsel GPs who suffer from stress burn out or addiction to drugs but also needs to address the needs of doctors working in hospitals. Community care as well as nurses and other ancillary staff, many of whom suffer from the same problems, and that the BMA should actively canvass the DoH to properly fund a comprehensive effective and caring Occupational Health Service for all NHS personnel.

23l  **Motion** by SCUNTHORPE DIVISION: That this meeting regrets the continued whittling away of resources for the Occupational Health Services for all doctors over the years and asks the BMA to negotiate a full reinstatement of the comprehensive service we fought so hard for over a decade ago.

23m  **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes the growing levels of workload pressure increasingly impacting on the health and wellbeing of doctors and calls for urgent action to be taken by governments to ensure all doctors and their staff have access to an occupational health service.

23n  **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is gravely concerned by the number of sick days needed by doctors that are stress-related and that: i) patient care is adversely affected by doctor absences and rising stress amongst front-line staff; ii) a vicious cycle of staff shortages leads to extra pressure on existing staff; iii) pressures on consultants means that there is less time to adequately support junior doctors; iv) the government is failing in its duty of care towards NHS staff; v) we must look at the long-term funding, capacity and recruitment issues facing the NHS as a whole if we are to get to grips with the pressures hospitals face.

23o  **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting is concerned that there have been reports of fatal accidents of doctors driving home after night on-call due to extreme tiredness and urges the employing trusts to provide hospital transport home for such doctors or sleeping accommodation after night duty.

23p  **Motion** by KESTEVEN DIVISION: That this meeting recognises the inherent risks of driving after a night on call and asks BMA to urge the NHS employers/trusts to consider providing post on call rooms for these tired doctors to prevent loss of life.

23q  **Motion** by SHEFFIELD DIVISION: That this meeting recognises that doctors are being pushed into leaving the profession early due to increasing pressures of the job and asks the BMA to work with stakeholders to come up with the following to incentivise experienced doctors to remain part of the workforce: i) seniority payments reflective of their service to their health service; ii) fully funded ‘retainer scheme’ that recognises the value of the experienced doctors; iii) provisions to work flexibly towards the end of their careers.
**24** Motion by NORTH EAST REGIONAL COUNCIL: 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.

**24a** Motion by CONFERENCE OF LMCS: That this meeting deplores the criminalisation of health care professionals who make mistakes and calls on the police and Crown Prosecution Service to be more tolerant of human error.

**25** Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LINCOLN DIVISION): 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.

**25a** Motion by LINCOLN DIVISION: That this meeting in light of the crisis in recruitment throughout the profession, demands that the UK government review the Shortage Occupation List, and at the very least add to the list:-:

i) General Practice;  
ii) Paediatrics.

**25b** Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting believe that the Ambulance Service is in an acute crisis and needs urgent review to be able to provide adequate cover for emergencies.

**25c** Motion by NORTH EAST LONDON DIVISION: That this meeting has again observed the politicians’ ineffective approach to medical workforce planning, and demands that action be taken to avert future crises in workforce availability.

**25d** Motion by CONFERENCE OF LMCS: That this meeting calls on the Home Office to recognise general practice as a shortage occupation for visa purposes.

**25e** Motion by NORTH EAST LONDON DIVISION: That this meeting notes with concern that as government initiatives multiply, the supply of doctors is failing to meet the demand, and insists that the government is seen to provide proper training, remuneration and working conditions which will attract new entrants to the profession.

**25f** Motion by NORTH WEST REGIONAL COUNCIL: That this meeting demands that the UK government invest more money into hospital Accident & Emergency departments, and recruit additional and appropriate medical staff for these, in order to reduce waiting times and improve patient safety.

**25g** Motion by NORTH WEST REGIONAL COUNCIL: That this meeting is concerned about the shortage of frontline medical staff, but equally concerned that the Secretary of State for Health’s proposed overseas recruitment drive by UK Employers will significantly compromise on quality. This meeting demands assurance from the UK
Employers that General Medical Council and Royal Colleges' approval and support are in place for such recruitment processes.

26  \textbf{Motion} by JUNIOR MEMBERS FORUM: 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.

26a  \textbf{Motion} by SHROPSHIRE DIVISION: That this meeting is aware of the shortage in medical staffing across primary and secondary care and notes with great concern the increasing use of independent Urgent Care Practitioners in and out of hours after a mere 12 weeks of training/supervisory period.

26b  \textbf{Motion} by MANCHESTER & SALFORD DIVISION: That this meeting acknowledges the value and expanding role of the ANP and introduction of Physicians Assistants, but recognises that at present they are in an untenable position without clearly identifiable representation or a supervising and monitoring body. We urge the government, Health education, Royal college of nursing and relevant medical societies and bodies to immediately review the situation, provide clear guidance and oversight responsibility as well as identifying representative groups to ensure there are agreed standards, requirements and support for these new roles.

27  \textbf{Motion} by CLWYD NORTH DIVISION: 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  \textbf{Motion} by SALISBURY DIVISION: 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  \textbf{Motion} by MANCHESTER & SALFORD DIVISION: 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  \textbf{Motion} by SOUTH WEST REGIONAL COUNCIL: 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.
**BRITISH MEDICAL JOURNAL**

**Monday 12.05 - 12.10**

31 **Receive:** Report from the BMJ publishing group chair (Joseph Lippincott) / chief executive (Peter Ashman).

**ARMED FORCES**

**Monday 12.10-12.30**

32 **Receive:** Written report from the BMA AFC chair (Glynn Evans).

* 33 **Motion** by ARMED FORCES COMMITTEE: 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.

33a **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that the Defence Medical Integration Programme (DMIP) is a risk to patients and clinicians and calls upon the BMA to lobby the Ministry of Defence to take urgent action to:
   i) address the problems of slow logon;
   ii) ensure the system can print letters and prescriptions within the consultation;
   iii) ensure that the system can load medical history and save consultations;
   iv) integrate the DMIP with NHS IT systems.

34 **Motion** by ARMED FORCES COMMITTEE: 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.

A 35 **Motion** by ARMED FORCES COMMITTEE: 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.

**Session closes**

**Monday 12.30**
SPEECHES AND HUSTINGS FOR THE CANDIDATES IN THE ELECTION OF THE TREASURER  Monday 14.00 - 15.00

Candidates will be invited to make a speech in support of their nomination. This will be followed by a hustings Q and A.

NHS FINANCES / FINANCING  Monday 15.00 - 15.50

* 36 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LEICESTERSHIRE & RUTLAND DIVISION): 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.

36a Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is dismayed at the burden that NHS England is imposing on the medical workforce which is continually expected to do more with less money and asks the BMA to demand that NHS England address the chronic problem of underfunding.

36b Motion by NORTH EAST REGIONAL COUNCIL: That this meeting is concerned the government is setting the NHS an impossible mission with financial targets it cannot reach and believes: -
  i) continued lack of investment is placing extreme pressure on services across the board and is affecting the quality of patient care;
  ii) in the absence of funding comparable to other European countries the NHS has now reached the stage where it must have an open, honest debate involving health professionals, the public and politicians as to what the health service can and cannot deliver.

36c Motion by RETIRED MEMBERS CONFERENCE: That this meeting: -
  i) is alarmed that this government’s progressive increase in underfunding of services is putting the health of the population at risk;
  ii) demands that sufficient revenue is raised to reverse this trend.

36d Motion by BUCKINGHAMSHIRE DIVISION: That this meeting believes the record high levels of cancelled/postponed operations including surgery for cancer is a disgrace, confirming the severity of the underfunding of the NHS and demands that the government(s) address this urgently.

36e Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes: -
  i) next steps on the NHS Five Year Forward Review’s plan to safeguard the health service by scrapping waiting time targets and expecting all GP practices to deliver evening and weekend surgeries without extra funding is totally misconceived;
  ii) this further emphasises the government must urgently focus and concentrate on the serious, underfunding problem which is now critically undermining the future sustainability of the health service.
36f **Motion** by CONFERENCE OF LMCS: That this meeting notes with concern, the short and long term implications to patients’ health and well-being as a result of the ongoing cuts to public health funding and demands this is urgently addressed through government negotiations with the BMA.

36g **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is concerned that the primary focus of STP development is not aimed at delivering best possible patient care but in introducing cuts and believes:-
   i) the funding for STPs in the spring budget does very little to allay concerns;
   ii) the Chancellor’s announcement of an additional £325m for STPs falls woefully short of what is required;
   iii) the aim of closing the financial gap in the health service through STPs means other more worthwhile parts of the STP become secondary.

36h **Motion** by SALISBURY DIVISION: That this meeting deplores this government’s deliberate but unstated policy of undermining publicly funded and provided universal healthcare by failing to provide adequate resources for acute and community care.

36i **Motion** by MID-SURREY KINGSTON & Esher DIVISION: That this meeting requests council to negotiate with government so as to implement funding of the NHS which will support the service for the foreseeable future. That this meeting requests the BMA to lobby the government to sufficiently fund the NHS to ensure its long term sustainability.

* 37 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises that the future of the NHS is too important to be used as a political football, and asks the BMA to lobby UK governments to establish a cross-party working group:-
   i) to include representation from regulators and stakeholders of the various staff groups within the NHS;
   ii) which holds transparent discussions regarding sustainable funding options for an effective, integrated NHS and social care service;
   iii) which has decision-making capacity independent of the ruling political party or parties.

37a **Motion** by SALISBURY DIVISION: That this meeting supports cross-party calls for a Commission into the funding of health and social care.

37b **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting supports cross-party calls for a commission into the funding of health and social care.

37c **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the NHS is now in critical care and therefore asks the UK Parliament to commission an independent review on its funding, and solutions to give it a sustainable future in line with Bevan’s founding principles.

37d **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting regrets that the government has refused to engage with the public and clinicians on the future of the NHS and with the persistent underfunding of the service by government, instructs council to publish an appraisal of options available to fill the funding deficit.
37e **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting calls for social care to be available free at the time of need, financed out of general taxation and provided as part of the comprehensive health service.

37f **Motion** by CONFERENCE OF LMCS: That this meeting calls for:-
i) an open and honest public consultation about the direction of the NHS; and
ii) the government to recognise that spending per capita on health in England and Wales lags far behind that of comparable first world economies.

37g **Motion** by CONFERENCE OF LMCS: That this meeting calls upon the UK government and the devolved nations to form a cross party group involving politicians and healthcare professionals to oversee the NHS to ensure proper funding and service provision, thus taking the NHS out of the hands of the leading political parties and preventing it being used as a 'political football'.

37h **Motion** by CONFERENCE OF LMCS: That this meeting agrees that there be recognition that health and social care are interlinked and the underfunding of one immediately impacts on the other.

* 38 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SHROPSHIRE DIVISION): 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.

38a **Motion** by SHROPSHIRE DIVISION: That this meeting believes that funding for the NHS should at least be at the average of other European health investment, even if we can't aspire to the funding that France and Germany enjoy.

38b **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting calls on the government to commit to funding the NHS to at least the levels spent on healthcare by comparable European countries.

38c **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes the government should raise the healthcare spending to 10.4% of GDP from 9.8% to match Europe’s 10 leading countries.

38d **Motion** by SALISBURY DIVISION: That this meeting believes that:
   i) healthcare funding needs to be at an equivalent amount to the percentage of GDP spent in Japan, Canada and North and West Europe;
   ii) healthcare staff numbers per head of population must be appropriate and equivalent per head of population to numbers in Japan, Canada and North and West Europe;
   iii) without an increase in the numbers of staff providing NHS healthcare we have no confidence in the UK government's ability to administer, manage or govern the NHS;
   iv) any continued inadequate investment in NHS healthcare and staff is a deliberate political decision to end a free at the point of delivery service and replace it with a co-payment service.
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38e Motion by BUCKINGHAMSHIRE DIVISION: That this meeting insists that national health care is as important as national security and like its commitment to Nato, the government must guarantee to commit a minimum proportion (at least 10%) of GDP to the NHS.

38f Motion by NORTH WEST REGIONAL COUNCIL: That this meeting calls on the government to increase the funding to the English NHS, using progressive taxation, to at least the average of leading European economies as a percentage of GDP.

38g Motion by LONDON REGIONAL COUNCIL: That this meeting notes with concern that more than half of the £2B extra funding allocated in George Osborne's pre-2015 election autumn statement was spent on buying elective care from private providers reflecting a lack of capacity in NHS hospital due to increased demand for emergency care. We call on the BMA to lobby the Prime Minister to:-
   i) stop diverting NHS funding to private providers;
   ii) fund the NHS at not less than the per capita level of comparable European countries.

38h Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting calls on the government to reverse the trend of the UK being one of the lowest European countries in terms of percentage of GDP dedicated to the provision of the nation’s healthcare resulting in the consequent and currently experienced acute pressure on health and social care services such that they are rapidly becoming unsustainable.

38i Motion by TOWER HAMLETS DIVISION: That this meeting:-
   i) notes that the UK is a rich country and rejects the notion that the NHS cannot provide both routine surgery such as hip replacements and treatments for cancer in a timely manner;
   ii) demands that the UK government fund the NHS to the same level of health spend as comparable European countries.

38j Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting condemns the governments’ persistent underinvestment in NHS services which now threatens to put patient care at risk. The BMA calls on the government to urgently invest in NHS services to increase funding in line with similarly economically developed countries such as France and Germany.

38k Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the government’s abysmal record with the Health Service and notes with dismay the Secretary of State for Health’s recently stated intention of redefining the A&E 4-hour target as a means of hiding the crisis in emergency care. We call on the Prime Minister to reverse the ill-considered £22B of planned cuts to Health Service funding in England, increase sustained financial support to emergency care and work towards increasing the national in-patient bed pool to the level of comparable European countries.
* 39  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CITY & HACKNEY DIVISION): That this meeting believes the following measures should be adopted to address the financial situation in the NHS:-
   i) hypothecated taxation for the NHS;
   ii) unified financial allocations for health and social care;
   iii) increased taxes.

39a **Motion** by CITY & HACKNEY DIVISION: That this meeting calls upon the BMA to lobby government for a hypothecated Health and Social Care tax.

39b **Motion** by WIGAN DIVISION: That this meeting calls on the BMA to lobby the government to adopt a hypothecated taxation system for NHS funding. This will encourage governmental transparency over the actual level of expenditure, and allow comparison of UK healthcare funding with similar European countries.

39c **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises that an hypothecated tax (a specific dedicated tax) has been discussed for health and social care and is being introduced in some council areas. Where this occurs, whether nationally or locally, there must be independent oversight to be certain that the money is spent where intended.

39d **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises the perilous state of NHS, and that a large number of the population say that they would be prepared to pay extra taxes to support the NHS. We urge the British Medical Association to lobby the UK government to introduce an additional hypothecated tax (a specific dedicated tax) for health and social care.

39e **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting advocates the NHS needs a long term plan to ensure it is properly funded and sustainable and believes:-
   i) the government should consider raising a health tax to resource increasingly stretched health and social care;
   ii) linking tax income with health and care spending would give the public the opportunity to see how their money is being spent;
   iii) would allow a legitimate debate about what is an appropriate level of funding for health.

39f **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that:-
   i) the NHS is affordable;
   ii) you get what you pay for and the present crisis is due to 6 years of unusually severe underfunding;
   iii) the NHS should be fully funded out of taxation even if this means a rise in the basic rate of taxation;
   iv) the NHS should not be funded through stealth taxation such as compulsory insurance or fee for item of service.

39g **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting asks the BMA to recommend a 1% increase in income tax to enable the NHS to regain its position as the finest health service in the world.
Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting condemns the vigour with which the STPs (footprints) are demanding savings of £22B by 2020 from the NHS and thereby imperilling its future and believes the future of the NHS could be secured by money obtained from:-
   i) the cancellation of the HS2 rail project;
   ii) an increase in tax on tobacco and;
   iii) a minimum unit price for alcohol.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CORNWALL DIVISION): 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.

Motion by CORNWALL DIVISION: That this meeting asks the BMA to lobby the health departments to consider the particular health service needs of sparsely populated areas and to ensure these needs are adequately reflected in the equity of NHS funding allocations.

Motion by HOLLAND DIVISION: That in view of the increasing centralisation of and paucity of access to health services, this meeting is concerned about the increasing transport costs faced by patients in rural areas especially those on low incomes in what are frequently low wage economies, and calls on the government to ensure that allocation of resources to rural areas is increased to take account of this issue.

Motion by LOTHIAN DIVISION: That this meeting is concerned that the increase in the cost to the NHS of financial compensation for patients, secondary to the change in the discount rates applied in England and Wales and in Scotland will increase financial pressures on already stretched health services. This meeting calls on the respective governments to ensure that the additional monies needed, (estimated at £6 billion over the next 5 years), are made available to the NHS in addition to any substantial uplift in real terms funding.
NHS SUSTAINABILITY AND TRANSFORMATION PLANS (STPs) Monday 15.50 - 16.10

* 41  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SCUNTHORPE DIVISION): 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) the delivery structures of STPs to include local doctors of all grades and medical students;

viii) STPs to be fully funded to achieve true transformation.

41a **Motion** by SCUNTHORPE DIVISION: That this meeting regrets the lack of engagement with GPs and hospital doctors in the preparation of the regional STPs and the assumption that doctors will fall into line with the plans that will have a long term effect on their working patterns and asks the BMA to ensure that the profession is properly consulted at the beginning of any new initiatives to improve health care for the population we care for.

41b **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes:-

i) clinicians, patients and the public must be consulted on realistic, evidence based Sustainability and Transformation Plans;

ii) STPs must be fully funded and have patient care as their focus;

iii) that, with the present parlous financial situation in the health service, STPs must not be used as a vehicle for further cuts to services.

41c **Motion** by SOUTH TYNESIDE DIVISION: That this meeting is of strong opinion that services reconfiguration under proposed STP should be clinician led.

41d **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that there has been woeful engagement of clinicians in the development of Sustainability and Transformation Plans (STPs) in England and requests that:-

i) there should be at least one clinician appointed by Regional Councils per STP on the BMA STP reference group listserver;

ii) the BMA should lobby for a meaningful clinical forum established for each STP.

41e **Motion** by JUNIOR MEMBERS FORUM: That this meeting believes that the delivery structures of sustainability and transformation plans should include local doctors of all grades and medical students. We therefore call on the BMA to lobby for this position and feedback to the membership on this process regularly.
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41f **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting condemns the Sustainability and Transformation Plans’ (STPs’) poor consultation with primary and secondary care to date. We insist that the STPs are clinically led, represent a collaboration between sectors of the health profession and improve patient care.

41g **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting:-
   i) believes that Sustainability and Transformation Plans (STPs) along with the new models of care they represent will have significant effects on the education and training of medical students and junior doctors;
   ii) opposes STPs as currently constituted;
   iii) mandates the BMA branches of practice to work with and within the regions to observe, comment on and ameliorate any detrimental effects of STPs on education and training.

41h **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting:-
   i) believes that Sustainability and Transformation Plans (STPs) and Devolution Plans along with the new models of care they represent will have significant effects on the education and training of medical students and junior doctors;
   ii) maintains a position of opposition to STPs and Devolution in line with existing BMA policy;
   iii) mandates BMA branches of practice to work with and within the regions to observe, comment on and ameliorate any detrimental effects of STPs on education and training.

41i **Motion** by BIRMINGHAM DIVISION: That this meeting believes that the STP Process:-
   i) is detrimental to general practice;
   ii) is using up core GP funding by proposing under-resourced additional work;
   iii) fails to adequately involve or value GPs as core participants.

41j **Motion** by EASTERN KENT DIVISION: That this meeting deems that there should be no further closure of hospital beds under any Sustainability and Transformation Plan until a comprehensive assessment of the clinical needs of the local population has been agreed with all the clinical services.

41k **Motion** by CONSULTANTS CONFERENCE: That this meeting believes that the creation of Sustainability and Transformation Plans (STPs) in England is less a means of improving care for localities and more a means of shifting the blame for the acknowledged funding crisis away from central government. We call on the BMA to lobby for:-
   i) adequate funding to make system changes and run a safe clinical service;
   ii) accountability to be clear for providers and commissioners;
   iii) all STPs to have proper representation and involvement of consultants.

41l **Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting recognises the role and experience of frontline clinicians in understanding health service supply and demand as imperative in the success of STP plans. We therefore call for the BMA to lobby for ensuring the representation of non-management frontline clinicians on STP boards equal to that of PPIE focus groups.
41m **Motion** by SAS CONFERENCE: That this meeting deplores the use of Sustainability and Transformation Plans (STPs) as a vehicle to try to legitimise further cuts to vital NHS service in England. Similar plans exist in the devolved administrations leading to bed shortages, staff cuts and patient safety is compromised. Hence we urge the BMA to work with governments to:-
  i) ensure injection of finance to increase beds to prevent any crisis;
  ii) engage with medical staff including SAS doctors in STPs or equivalent;
  iii) ensure views of clinicians have been considered before any ward closures/community hospital/acute bed reductions are actioned;
  iv) engage with grass roots staff working in emergency departments to reflect on the issues and deal proactively.

41n **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting believes that the STPs' proposed plans for local health reorganisation:-
  i) doesn’t explain the impact on different areas of the county;
  ii) should be available to public in a simple understandable format;

* 42 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LONDON REGIONAL COUNCIL): 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.

42a **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
  i) is opposed to STPs – as the vehicles to destroy the NHS as a national public service; with £22bn more cuts, privatisation of provision and commissioning, decimation of the workforce, and denial of care for millions of patients; in order to replace it with US style healthcare systems;
  ii) calls on the BMA to change its policy of critical engagement with STP plans to one of total opposition.

42b **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting condemns the woeful manner in which STPs have been progressed:-
  i) with an apparent determination to avoid proper consultation with the public, clinicians, social services etc;
  ii) with private consultancy firms paid monstrous fees for little gain;
  iii) with the funding for implementation being inconsistent, unfair and inadequate;
  iv) with an agenda to close hospitals, speciality departments and community beds without transparent consultation;
  v) and requests council to lobby for the abandonment of these expensive cost cutting plans.

42c **Motion** by TOWER HAMLETS DIVISION: That this meeting notes that surveys show that the majority of doctors, let alone the public, do not feel that they have been consulted about their STP. This meeting:-
  i) condemns the top down implementation of STPs;
  ii) believes that the NHS cannot withstand the £22 billion "savings" demanded;
  iii) believes that if the financial targets are implemented STPs will sound the final death knell of the NHS as a comprehensive service free at the point of delivery;
iv) demands that government shelve the financial targets in the STPs;
v) demands that government brings NHS funding up to levels equivalent of other comparable developed countries.

42d **Motion** by SALISBURY DIVISION: That this meeting, with regards the Sustainability and Transformation Plans in England:-
i) is appalled by emerging sums spent on management consultants that could have been spent on patient care;
ii) rejects blanket policy referral management schemes;
iii) demands that NHS hospital trusts are not deliberately set against general practice;
iv) condemns plans that simply accept a reduction in GP numbers without incentivising and addressing GP workload capacity;
v) calls on NHS England to reject STPs that ignore their own NHS England recommendation to invest 15-20% of Sustainability and Transformation Fund allocations on General Practice.

42e **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting, with regards the Sustainability and Transformation Plans in England:-
i) is appalled by emerging evidence of the sums spent on management consultants that could have been spent on patient care;
ii) rejects blanket policy referral management schemes;
iii) demands that NHS hospital trusts are not deliberately set against general practice;
iv) condemns plans that simply accept a reduction in GP numbers without incentivising and addressing GP workload and capacity;
v) calls on NHS England to reject STPs that ignore their own NHS England recommendation to invest 15-20% of Sustainability and Transformation Fund allocations on general practice.

42f **Motion** by BIRMINGHAM DIVISION: That this meeting believes that the STP process is set to fail.

42g **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting is opposed to STPs (Sustainability and Transformation Plans) – as the vehicles to destroy the NHS as a national public service; with £22bn more cuts, privatisation of provision and commissioning, decimation of the workforce, and denial of care for millions of patients; in order to replace it with US style healthcare systems. This meeting calls on the BMA to change its policy of critical engagement with ST Plans to one of total opposition.

42h **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting believes that the bed capacity in our hospitals shouldn’t be reduced without improving local community social care.

42i **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting condemns the processes used for developing STPs in England which largely excluded doctors and patients, believes they therefore have no credibility and should be scrapped.

42j **Motion** by HOLLAND DIVISION: That this meeting believes that Sustainability and Transformation Plans (STPs) in rural areas will lead to excessive centralisation of services that will create inequality of access and increase risk of mortality and morbidity to patients in those areas, and calls on the BMA to highlight these concerns.
**Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that the STPs are redesigning services and cutting the budget irrespective of effect on patient care which will lead to more Mid-Staffs type issues in the future. The BMA is united in condemning the cutbacks and financial restraints which are crippling the NHS.

**Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting asks the BMA to condemn government policy of moving medical services into the community as it is likely that the resultant small clinics will be inaccessible by public transport and have inadequate parking facilities.

**MEDICAL ACADEMIC STAFF**

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

**BYE-LAW CHANGES TO STRUCTURE AND ELECTION OF COUNCIL**

Motion by THE ORGANISATION COMMITTEE CO-CHAIRS ON BEHALF OF COUNCIL: 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. [NB: 2/3 majority required].

**Contingency time**

**BMA STRUCTURE AND FUNCTION**

* 45 **Motion** by CORNWALL DIVISION: 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.

45a **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting demands that BMA council finally accept the proposals for greater Regional Council representation repeatedly presented by the BMA treasurer Andrew Dearden.

45b **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that there should be a proportional election of members from the regions to fill voting BMA council seats from England.

45c **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that to ensure appropriate accountable representation of England’s doctors, regional council chairs should be ex-officio members of BMA council.

45d **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting demands, as befits the increasing meaningful role and responsibilities of Regional Councils, that the chairs of Regional Councils should have ex officio seats on council similar to the position of the chairs of the devolved nations.
**Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LINCOLN DIVISION): 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.

**Motion** by LINCOLN DIVISION: That this meeting congratulates the Association on its campaign [Living our Values] to promote positive behaviours, and looks forward to the publication of a framework of acceptable member behaviours.

**Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting urges the BMA:-

i) to review the methods within the articles of the association for sanctioning members’ conduct;

ii) to produce a proposed code of (all) member conduct to be reviewed at ARM 2018;

iii) to mandate all committees to create a code of representative conduct for their committee.

**Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises the limited channels of recourse and levels of sanction the BMA can use for members’ and representatives’ conduct under the current articles and bye-laws of the association, and asks the BMA to:-

i) review the currently available methods for sanctioning members’ or representatives’ conduct and if necessary propose new procedures;

ii) produce a code of conduct for all members and representatives.

**Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS): 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;

iii) once evaluated, prompt roll-out of the local engagement programme across all parts of the UK.

**Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting calls for the proposals currently under consideration by the BMA for honorary secretaries to have improved access to association funds for the purposes of organising meetings of local BMA divisions be expedited and a conclusion reached as soon as possible.

**Motion** by LINCOLN DIVISION: That this meeting congratulates the Association on the progress made through the Member Voice and Democratic Structures review, and reminds the Association of the number of active BMA Divisions who still need support for their activities. We call 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) agreement of a Service Specification between each active Division and its Regional or National Centre, and review every 5 years;

iii) publication of lessons learned from the local engagement pilots in South West England and West of Scotland.

47c **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting commends the BMA for its trials of modern ways of communication and local engagement through the ‘Member Liaison Representative’ role. Given the success of this initiative, we mandate the BMA to promptly introduce this across all regions, with necessary changes to the national BMA structures to facilitate this change, and support those in voluntary roles struggling to maintain BMA activities alongside busy clinical roles.

47d **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting appreciates the BMA pilot on local membership engagement and stresses that BMA pays attention to the outcome of the pilot and:-

i) empowers Regional Councils in providing a far greater role in engaging members and influencing local agenda;

ii) enables Regional councils connecting to STPs so as to influence planning and delivering positive outcomes in important issues such as ‘new models of care’;

iii) allows chairs of Regional Councils to attend the BMA council.

47e **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting asks that BMA members’ interest in and interaction with local divisions should be actively encouraged, especially at time of need. As part of this, when an issue is raised with Member Support, the member’s consent should be sought for involvement of officers of the local Division, Local Negotiating Committee or Regional Council to provide the member with peer support and local input.

* 48 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: 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.

48a **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting is concerned that when members retire they are no longer represented by any branch of practice committee. They are the only branch of practice whose interests are unrepresented in this way. We therefore:-

i) believe they should have and need representation equal to the other branches of practice within the BMA;

ii) call on the organisation committee to bring forward proposals to ensure a standing committee is established for retired members;

iii) propose that this motion will stand even if new arrangements are brought forward which do not involve branches of practice having standing committees until those arrangements are put in place when we require that retired members needs will be treated equally to other branches of practice.
48b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that with the increasing numbers of members taking early retirement, the BMA should explore how better to utilise the talents and political skills of retired members, who are not able to participate in BoP committees solely due to their retired status.

48c **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting welcomes the board of science paper “Growing Older in the UK” (September 2016) which states that the Association is developing a focus on the health of older people, and recognises the expertise of the Association’s retired members and asks the BMA to ensure that this expertise is used to inform the profession’s approach to the healthcare of an increasingly ageing population.

48d **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes that retired members are the only branch of practice not represented by a standing committee and:-
   i) believes they need and should have a standing committee;
   ii) calls on the organisation committee to bring forward proposals to set up a standing committee for retired members.

48e **Motion** by SCUNTHORPE DIVISION: That this meeting welcomes the Board of Science paper “Growing Older in the UK” (September 2016) and that the Association is developing a focus on the health of older people, and recognises the expertise of the Association’s retired members and asks the BMA to ensure that this expertise is used to inform the profession’s approach to the healthcare of an increasingly ageing population.

Session closes Monday 17.30
ABORTION AND THE CRIMINAL LAW SPECIAL SESSION  
Tuesday 9.00 - 10.00

SPECIAL SESSION ON ABORTION AND THE CRIMINAL LAW

A special session with a facilitated discussion on the role of the criminal law in the provision and administration of abortion; both in relation to healthcare professionals and to women who procure and administer abortions for themselves.

Representatives are asked to familiarise themselves with the discussion paper (including March update) 'Decriminalisation of abortion: a discussion paper from the BMA'.

Session opens  
Tuesday 10.00

MEDICAL ETHICS  
Tuesday 10.00 - 11.15

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

*  

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CITY & HACKNEY DIVISION): That this meeting:-

i) supports the principles set out in part three of the February 2017 BMA discussion paper on decriminalisation of abortion;*

ii) believes that abortion should be decriminalised in respect of health professionals administering abortions within the context of their clinical practice;

iii) believes that abortion should be decriminalised in respect of women procuring and administering the means of their own abortion;

iv) believes that decriminalisation should apply only up to viability in respect of health professionals;

v) believes that decriminalisation should apply only up to viability in respect of women procuring and administering the means of their own abortion;

vi) believes that abortion should be regulated in the same way as other medical treatments.

* (Footnotes)

'1. Abortion must only be permitted in cases where the woman gives informed consent, or in cases where the woman lacks capacity and an abortion is determined to be in her best interests.

2. Health professionals must have a statutory right to conscientiously object to participating in abortion.'
3. There should be a central collection of abortion data (subject to agreed appropriate confidentiality protections) to ensure future services are fit for purpose.
4. There must be clarity about what is, and what is not, lawfully permitted, so that health professionals are clear about the scope of their clinical discretion.
5. There should be robust clinical governance in settings where abortion care is provided.
6. There should be the continuation of some degree of regulation and the setting of professional standards in the provision of abortion services.

50a Motion by CITY & HACKNEY DIVISION: That this meeting calls on the BMA to adopt a policy of total decriminalisation of abortion in the UK as was done successfully by Canada in 1988. This means that medical and self-induced abortion will be removed from the criminal code. International evidence, as cited in the BMA publication ‘Decriminalisation of Abortion: a discussion paper’ Feb 2017, shows that decriminalisation does not lead to an increase in third trimester abortions. Upon decriminalisation, abortion will be regulated by a set of statutory duties, and failure to comply will constitute an issue for professional regulation rather than the criminal law. Regulation of practitioners will be via the GMC, as for other medical procedures, requiring informed consent and robust clinical governance. Malicious attempts to procure abortion, illegal supply of abortifacients or counterfeit drugs, would be subject to existing criminal law.

50b Motion by TOWER HAMLETS DIVISION: That this meeting believes that abortion should be decriminalised and treated like any other surgical or medical procedure where consent is given by the woman with no requirement for endorsement by anyone else.

50c Motion by BIRMINGHAM DIVISION: That this meeting believes that abortion should be decriminalised.

50d Motion by NORTH WEST REGIONAL COUNCIL: That this meeting endorses the decriminalisation of abortion subject to the safeguards recommended by the BMA Medical Ethics Committee in its recent report. These are:-
(a) Abortion must only be permitted in cases where the woman gives informed consent, or in cases where the woman lacks capacity and an abortion is determined by a health professional or court to be in her best interests.
(b) Health professionals must have a statutory right to conscientiously object to participating in abortion.
(c) There should be a central collection of abortion data (subject to agreed appropriate confidentiality protections) to ensure future services are fit for purpose.
(d) To the extent that there are any administrative or professional penalties there must be clarity about what is, and what is not, lawfully permitted, so that health professionals are clear about the scope of their clinical discretion.
(e) There should be robust clinical governance in settings where abortion care is provided.
(f) There should be the continuation of some degree of regulation and the setting of professional standards in the provision of abortion services.
(g) To the extent that there are any administrative penalties they should not be applied to the women seeking the abortion but only to the provider (including internet suppliers of abortifacients)
(h) Decriminalisation should not apply to the unqualified providers of abortion in settings which are unregulated and fall far short of acceptable standards although it should apply to the patients of such providers.

(the wording starting from "These are:...." can be omitted if there is prior agreement to circulate a briefing paper on this motion to Representatives attending the ARM).

50e **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes with dismay that abortion remains a statutory crime in England, Wales and Northern Ireland.

This meeting:-

i)  demands that the BMA adopts a policy of complete decriminalisation of abortion in the UK;

ii) calls for the removal of abortion from criminal law.

* **51** **Motion** by SHEFFIELD DIVISION: That this meeting believes that criminal law plays an important role in the regulation of abortion and calls for the BMA to lobby against the decriminalisation of abortion.

51a **Motion** by BIRMINGHAM DIVISION: That this meeting considers current British Law on abortion provides adequate access and protection for both women and professional carers involved in such procedures.

51b **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes that the Abortion act currently provides means for women to access abortion in a safe and timely manner when needed, and opposes any move towards decriminalisation.

51c **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting:-

i)  regards current UK abortion law as a reasonable compromise in a complex and ethically challenging area;

ii) believes that it is appropriate for UK criminal law to continue to play a role where abortions occur outside the current legal framework;

iii) believes that full decriminalisation of abortion in the UK would be inappropriate.

52 **Motion** by LOTHIAN DIVISION: That this meeting:-

i)  believes that the Human Rights Act is fundamental to the primary role of doctors in advocating and caring for patients;

ii) urges the UK government not to repeal the Human Rights Act.

53 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is concerned by limitations to healthcare provision in immigration and detention centres in the UK and calls for government:-

i)  to invest further in provision for those who must be detained;

ii) to limit the use of detention to only those cases where not doing so represents a threat to public order and safety;

iii) to replace the use of immigration detention completely with alternate more humane means of monitoring individuals facing deportation.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting opposes the use of isolation for children and young people who have been detained within the criminal justice system, save where such measures are used for their safety or protection, and calls for the government to similarly condemn this practice.

* 55 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE BUCKINGHAMSHIRE DIVISION): That this meeting believes, in respect of eligibility for NHS treatment of overseas visitors:- i) government publicity about the cost of treating overseas visitors is a distraction from the under resourcing of the NHS; ii) NHS treatment should not be restricted on the basis of nationality or immigration status; iii) urgent clinical care should not be delayed or prevented by eligibility checks; iv) medical staff should not be involved in ascertaining eligibility of patients for NHS treatment.

55a Motion by BUCKINGHAMSHIRE DIVISION: That this meeting insists that whatever the rights or wrongs of charging foreign visitors for NHS care, medical staff:- i) should not be distracted from their clinical duties to enforce the regulations; ii) should have no responsibility or involvement in ascertaining the eligibility of patients for free care; iii) should not be prevented from providing urgent clinical care in any circumstance.

55b Motion by JUNIOR MEMBERS FORUM: That this meeting believes that, since it is BMA policy not to restrict NHS treatment on the basis of nationality or immigration status:- i) doctors or other NHS staff should not be involved in the checking of eligibility for NHS treatment; ii) the BMA shall do all in its power to resist eligibility checking.

55c Motion by TOWER HAMLETS DIVISION: That this meeting:- i) believes that publicity given to pressure on NHS funds from so called “health tourism” is a distraction from the much larger financial pressures from government cuts; ii) believes that systems set up to check eligibility for NHS treatment could cost more to administer than the money recovered; iii) opposes identity or passport checks to determine eligibility for NHS care; iv) instructs the BMA to defend any member who refuses to take part in such eligibility checks.

55d Motion by CONFERENCE OF LMCS: That this meeting condemns the Department of Health in its attempt to deflect public opprobrium from the under resourcing of the NHS by highlighting the relatively unimportant issue of overseas visitors use of the NHS.
* 56  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SALISBURY DIVISION): That this meeting notes the recommendations from the review of revalidation by Sir Keith Pearson and:-
   i)  particularly welcomes the recommendation that local organisations should “avoid using revalidation as a lever to achieve local objectives above and beyond the GMC’s revalidation requirements; and
   ii)  calls on the BMA, medical royal colleges and GMC to reflect these recommendations in their guidance on appraisal;
   iii)  demands that the appraisal process is made simpler and less time-consuming;
   iv)  requires that the revalidation process be equally accessible to all doctors, regardless of the context of their medical practise;
   v)  calls on the BMA to advocate that appraisal should be every 2 years and revalidation every 6 years.

56a  **Motion** by SALISBURY DIVISION: That this meeting notes the recommendations of the report by Sir Keith Pearson on appraisal and revalidation and:-
   i)  welcomes the message to Responsible Officers that appraisal and revalidation should not include lots of their special little demands;
   ii)  welcomes the recognition of the BMA SAS charter and specifically trying to match their own work to individuals;
   iii)  confirms its lack of support for appraisal by non-clinicians;
   iv)  supports the development and dissemination of the benefits of doctor appraisal to patients rather than a whole scale reorganisation;
   v)  looks forward to working with patient representatives on how patient feedback can be a useful professional development tool rather than an unregulated Trip Advisor style feedback.

56b  **Motion** by MID-SURREY KINGSTON & Esher DIVISION: That this meeting:-
   i)  welcomes the recommendation from the review of revalidation by Sir Keith Pearson that local organisations should “Avoid using revalidation as a lever to achieve local objectives above and beyond the GMC’s revalidation requirements”;
   ii)  calls on the BMA to pursue the implementation of this recommendation;
   iii)  calls on the medical royal colleges and faculties to reflect this recommendation in their guidance on appraisal.

56c  **Motion** by SHROPSHIRE DIVISION: That this meeting deplores the bureaucracy involved in appraisal and revalidation and suggests that this process could be made simpler and less time-consuming without any loss of effectiveness.

56d  **Motion** by CAMBRIDGE HUNTINGDON & ÉLY DIVISION: That this meeting:-
   i)  asks council to investigate a cost-effective way of providing appraisal and revalidation for doctors without a designated body or responsible officer, as an alternative to the GMC provision;
   ii)  and asks that the cost of this is related to earnings.

56e  **Motion** by CIVIL AND PUBLIC SERVICES COMMITTEE: That this meeting believes that appraisals should be accessible to doctors of all branches of practice and be supported by their employers.
Motion by MID-SURREY KINGSTON & ESHER DIVISION: That this meeting requests council to negotiate that appraisal should be every 2 years and revalidation every 6 years.

Motion by LEWISHAM DIVISION: That this meeting:-
   i) agrees that appraisal summaries are confidential and must be for appraisal purposes only;
   ii) agrees that it is not appropriate for prospective employers to seek copies of appraisal summaries from potential candidates;
   iii) deprecates the stance taken by a GPC representative at a recent meeting for appraisers that the idea of sharing appraisal summaries with prospective employers was not a problem nor an issue on which he could give guidance.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting welcomes the GMC response to Sir Keith Pearson’s report on ‘Taking Revalidation Forward.’ This aims to reduce unnecessary burdens and bureaucracy for doctors, which has even led to some doctors retiring earlier than they would wish because of frustrating and unwieldy IT systems. We insist that:-
   i) appraisal and hence revalidation should not include management objectives, particularly some aspects of mandatory training;
   ii) all appraisees should have access to good data and good IT systems in the organisation in which they work and IT systems in organisations should be validated fully before they are deemed responsible for revalidation information.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting:-
   i) recognises that appraisal and revalidation can cause unnecessary burdens and bureaucracy for doctors, which has led to some doctors retiring earlier than they would wish because of frustrating and unwieldy processes;
   ii) we welcome the General Medical Council response to Sir Keith Pearson’s report on “Taking Revalidation Forward” and demand that:-
   iii) appraisal and hence revalidation must not include management objectives, particularly some aspects of mandatory training;
   iv) all appraisees should have access to good data and appropriate resources in whichever organisation in which they work.

Motion by SCUNTHORPE DIVISION: That this meeting recognises the crisis in the medical workforce and calls on the government and the GMC to revise the arrangements for appraisal and revalidation to release substantially more doctor time for clinical sessions with patients.

Motion by SCOTTISH COUNCIL: That this meeting believes that, as currently operated, medical appraisal and revalidation in the UK are excessively bureaucratic and burdensome, taking doctors away from providing patient care without improving patient safety, and must be simplified.

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the recommendations of the report by Sir Keith Pearson on appraisal and revalidation and:-
   i) welcomes the message to ROs that appraisal and revalidation should not include lots of their special little demands;
ii) welcomes the recognition of the BMA SAS charter and specifically trying to match their own work to individuals;
iii) confirms its lack of support for medical appraisal by non-doctors;
iv) supports the development and dissemination of the benefits of doctor appraisal to patients rather than a wholesale reorganisation;
v) looks forward to working with patient representatives on how patient feedback can be a useful professional developmental tool rather than an unregulated Trip Advisor style feedback.

56m **Motion** by NORTH EAST LONDON DIVISION: That this meeting believes that the GMC appraisal and revalidation process is prompting many senior doctors in General Practice and the hospital service to retire early, and hence urges the BMA to negotiate a simpler method with the GMC / NHS management so as to retain senior doctors.

56n **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting deplores the bureaucracy involved in appraisal and revalidation, suggests that these processes could be made simpler and less time-consuming without any loss of effectiveness, and encourages the GMC to ensure that these processes are made as simple as is practicable.

56o **Motion** by CONFERENCE OF LMCS: That this meeting welcomes the findings of the Pearson Review into revalidation and looks forward to working with patients on its development.

56p **Motion** by CONFERENCE OF LMCS: That this meeting welcomes the findings of the Pearson Review and looks forward to working with patients on its development.

56q **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting remains concerned that despite repeated calls, there have been no independent studies to assess the alleged benefits or the undoubted burden of the current appraisal and revalidation process.

* 57 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting demands, following the statement from the GMC and the joint statement from the BMA and the RCGP, that the government enacts legislation such that within the Medical Register general practitioners are treated equally with doctors in other specialties and are listed as specialists in their own right.

57a **Motion** by SHROPSHIRE DIVISION: That this meeting demands that, following the statement from the GMC and the joint statement from the BMA and RCGP, the government enacts legislation to create a single register of all qualified doctors.
* 58 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): That this meeting, with respect to Care Quality Commission inspections, calls for:-
   i) the BMA to challenge unrealistic standards;
   ii) recognition of the context and resources in which services are delivered;
   iii) clarity of requirement for necessary data collection to be undertaken before the inspections.

58a Motion by EDGWARE & HENDON DIVISION: That this meeting deplores the fact the current CQC inspection regime focuses on the performance of those that provide care in the NHS, without explicit recognition of the system pressures, fallings and underfunding of the NHS which is greatly undermining the delivery of safe, quality care.

58b Motion by NORTH EAST LONDON DIVISION: That this meeting believes that the BMA must investigate and challenge the CQC’s unrealistic targets set for hospitals and GPs, especially in these days of financial restraints and employment crisis in the NHS.

58c Motion by HOLLAND DIVISION: That this meeting believes that the Care Quality Commission (CQC) inspection process is flawed in applying similar requirements and standards to small rural hospitals and major teaching hospitals and demands that the BMA calls for a process of inspection that recognises the context and resources in which services are delivered.

58d Motion by HOLLAND DIVISION: That this meeting believes that Care Quality Commission (CQC) inspections of small rural practices which result in failure to meet CQC standards and result in practice closure/restrictions lead to a worse position for patients in having no access to alternative services, and demands that the CQC should not be able to impose closure or restrictions without ensuring that there is at least equal alternative service provision available to patients.

58e Motion by HOLLAND DIVISION: That this meeting demands that the Care Quality Commission (CQC) is required to clarify and undertake necessary data collection in advance of inspections.

A 59 Motion by LONDON REGIONAL COUNCIL: 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.

A 60 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting instructs BMA council to resist all attempts to create a single regulator for the health professions.

A 61 Motion by WELSH COUNCIL: 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.
Agenda of the ARM

COMMUNITY AND MENTAL HEALTH  Tuesday 11.45 - 12.15

62 Receive: Report from the BMA committee on community care chair (Gary Wannan).

* 63 Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that mental health is in crisis, and that there has to be a root and branch review by the UK government of commissioning arrangements, beds and community provision.

63a Motion by EASTERN KENT DIVISION: That this meeting calls for an immediate expansion of the number of consultant psychiatrists in the NHS in order to achieve the essential parity of esteem and patient care of both the biomedical and mental health services.

63b Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting asks the BMA to condemn the plans to reduce bed occupation by elderly people with multiple complaints by treating them in the community.

63c Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting is appalled that, despite being a stated priority of successive governments, the funding of secondary mental health providers has not been protected and demands that:-
   i) our respective governments find a way of guaranteeing that adequate funds get to providers of mental health services to provide good quality specialist services for those who need them;
   ii) NHS inpatient mental health bed numbers are increased;
   iii) services are designed to meet identified needs and not designed down to meet inadequate and declining budgets.

63d Motion by TOWER HAMLETS DIVISION: That this meeting:-
   i) is dismayed by the year on year cuts to Child and Adolescent Mental Health Services;
   ii) abhors the low status granted by Government to mental health services especially Child and Adolescent Mental Health Services and is not taken in by Government Ministers who assure us that there will be parity of esteem between physical and mental health;
   iii) demands that the mental well-being of the nations' children be addressed properly by Government, with adequately funded CAMHS services, which can respond rapidly to the needs of young people and their families, whether they need out-patient services or inpatient beds.

63e Motion by SHEFFIELD DIVISION: That this meeting is concerned that numbers of inpatient beds in the NHS for patients with acute mental illness is inadequate. Besides resulting in many admissions far from the patient’s home, this is leading to use of private hospital facilities which are more expensive and tend to award longer stays. It calls on the BMA to lobby for more NHS beds for patients with mental illness.

63f Motion by CONSULTANTS CONFERENCE: That this meeting notes that child and adolescent mental health services are under-funded and that Child and Adolescent Mental Health Services (CAMHS) have been described as the Cinderella of Cinderella services. We demand that:-
   i) mental health patients who need to be admitted to a psychiatric unit should be admitted within 50 miles of their home;
ii) money allocated to CAMHS should be ring-fenced.

**Motion by CONFERENCE OF LMCS:** That this meeting is dismayed that mental health patients still needing depot injections are regularly being discharged from follow-up by mental health services to a primary care service unfunded for this important role.

**Motion by SOUTH CENTRAL REGIONAL COUNCIL:** That this meeting notes that the BMA safeguarding vulnerable adults toolkit was last reviewed in 2011 and recognises that the Care Act 2014 placed adult safeguarding on a statutory footing and makes certain requirements of local authorities as the lead agency. We therefore call for:

i) the BMA safeguarding vulnerable adults toolkit to be updated to reflect new legislation, case law, and standardised processes as required by the Care Act 2014;

ii) the BMA to be a participant in any update of the national framework for adult safeguarding (Association of Directors of Social Services 2005).

**Motion by JUNIOR MEMBERS FORUM:** That this meeting believes that parity between physical and mental health will only be achieved if the stigma against mental health problems among medical professionals is addressed. We call on the BMA to create a national campaign to eliminate mental health stigma among medical professionals.

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**Contingency time**

**Tuesday 12.15 - 12.20**

**Session closes**

**Tuesday 12.20**

**ANNUAL GENERAL MEETING**

**Tuesday 12.20 - 12.30**

185th ANNUAL GENERAL MEETING to be held in the BIC on Tuesday 27th June 2017 at 12.20 pm.

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**ARM ADDITIONAL PROGRAMME FOR TUESDAY AFTERNOON**

When: Tuesday 27 June 2017: 2 – 3.30pm

Where: Windsor Hall, Bournemouth International Centre

The changing face of medicine and the role of doctors in the future
Presentation and discussion led by Professor Pali Hungin, BMA President.
GENERAL PRACTICE

Wednesday 9.00 - 9.45

66 **Receive:** Report from the BMA general practitioners committee chair (Chaand Nagpaul).

* 67 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes the current workload pressure in general practice is unsafe and unsustainable, that a rapid expansion in the general practice workforce is required to deal with this and therefore calls for sustained investment above the commitments made in the GP Forward View to be made available as a matter of urgency.

67a **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting believes that the NHS including General Practice is struggling and on its knees. In order to preserve patient safety and provide safe care it should be appropriately resourced and funded.

67b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes general practice is grossly underfunded by the UK government and calls on GPC England to launch a major England wide campaign starting in 2017 utilising surgeries across the country to highlight the imminent collapse of general practice and inform patients and the public of the significant pressures facing our profession.

67c **Motion** by LEWISHAM DIVISION: That this meeting agrees that the funding announced as part of the GPFV is insufficient for the purposes of sustaining General Practice.

67d **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting:-
   i) deplores the lack of ring fencing of funding allocated to implement the GP Forward View;
   ii) regrets that as this money sits within CCG baselines it is at risk of not being allocated before financial year ends or else diverted to prop up budget deficits in other providers;
   iii) calls for this funding to be: a) ring-fenced in future years b) allocated to projects approved by GP practices within the CCG to support their individual needs.

68 **Motion** by EDGWARE & HENDON DIVISION: That this meeting applauds NHS England for the changes to the primary and secondary care interface within the standard hospital contract which came into effect on 1st of April 2016, with subsequent additional requirements in 2017. However it is dismayed to note that despite the national levers, there are trusts and CCGs that do not appear to acknowledge or enforce these changes. We call on the BMA to create a communications work stream which is focussed on reaching out to trusts, CCGs, different branches of practice to communicate the interface changes.
Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes the regular declarations of “black alert” by hospitals and demands that a similar reporting system be created for general practice to indicate that maximum safe capacity has been reached and conference instructs BMA council and the GPC to construct such a system with or without government cooperation.

Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting is concerned at the increasing numbers of practices struggling to provide a safe and sustainable service and insists that in order to protect patients practices are enabled to self-declare a safety alert when they have reached capacity on any specific day and can then direct patients to alternative service providers such as a local hub, a walk-in centre or A+E.

Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting feels that the Multispecialty Community Provider contract framework does not go far enough in:
1. Protecting the liability of individual contract holders from the implications of pooled budgets;
2. Preserving the tenure of GMS and PMS contracts;
3. Protecting GPs from further unfunded work being transferred from secondary care.

HEALTH INFORMATION MANAGEMENT AND IT

Motion by TOWER HAMLETS DIVISION: That this meeting notes and deplores the recently signed memorandum of understanding between the UK Department of Health, NHS Digital and the Home Office, which agrees to the transfer of patient administrative details including address for the purposes of immigration enforcement, without the consent of the patient and the knowledge of the GP. This meeting believes:
1. This is a breach of patient confidentiality that undermines trust between patient and doctor;
2. This is not justified by the public interest;
3. That this may result in patients not coming forward for treatment with consequences for public health;
4. And calls on council to call on the Department of Health to cease this practice.

Motion by LEWISHAM DIVISION: That this meeting:
1. Condemns sharing of information between NHS Digital and the Home Office and;
2. Calls on the BMA to use its influence to reverse its policy.

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting is appalled to learn that the Home Office has used a memorandum of understanding to instruct NHS Digital to provide patient identifiable registration details to use to check immigration status, and:
1. Is concerned that patients will be too scared to access the health care they need;
2. Demands the government cease this despicable behaviour;
3. Requests BMA to lobby all relevant organisations such as the ICO, GMC and MPS to prevent this occurring.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is dismayed by the recent revelations that NHS Digital has agreed to hand over patient information to allow the Home Office to identify “immigration offenders” and believes that, in so doing, NHS Digital is displaying a wilful disregard for patient confidentiality and
undermining the role of GPs as the data controllers of patient medical records in primary care. It therefore demands that:-

i) NHS Digital seeks the consent of the patient’s registered GP before sharing such patient information;

ii) the BMA produces guidance in support of GP practices which choose not to share this information.

71d Motion by CITY & HACKNEY DIVISION: That this meeting deplores the use of NHS records by the border agency to gather immigration data.

71e Motion by LINCOLN DIVISION: That this meeting notes that the Digital Economy Bill [Clause 30] allows public bodies to share citizen data. The BMA has long been a strong advocate for protecting the confidentiality of patient information, we suspect that this is introducing care.data by stealth, and we call for the BMA to lobby for the exemption of NHS bodies from this part of the legislation.

72 Motion by EDGWARE & HENDON DIVISION: That this meeting believes that there is an urgent need for the development of an electronic prescription service for hospitals, to enable hospital clinicians to prescribe remotely for patients to collect their prescription from a nominated community pharmacist, thereby enabling clinical responsibility to rest with the prescribing clinician, as well as reducing inappropriate demands on GPs to prescribe outside their competence.

73 Motion by CONFERENCE OF LMCS: 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.

SCIENCE, HEALTH AND SOCIETY Wednesday 10.05-11.00

74 Receive: Report from the BMA board of science chair (Parveen Kumar).

* 75 Motion by LINCOLN DIVISION: That this meeting welcomes the working party report “Every breath we take: the lifelong impact of air pollution” produced by the Royal College of Physicians [London] and Royal College of Paediatrics and Child Health, and we call for:-

i) further research into the economic impact of air pollution;

ii) clearer information for consumers on emissions produced by new vehicles, including information on ultrafine particles and oxides of nitrogen;

iii) effective monitoring of air quality and pollution;

iv) the NHS to become an exemplar for clean air and safe workplaces;

v) empowerment of local authorities to take remedial action when air pollution levels are high.

75a Motion by LONDON REGIONAL COUNCIL: That this meeting notes the evidence of wide-ranging and unequally distributed impacts of ambient air pollution on health in the UK, and the increased public concern, and calls on the BMA to:-

i) increase awareness in the profession of the health impacts of air pollution;

ii) increase awareness of the public of the major sources of air pollution and potential effects;
iii) to lobby UK government for the phase out of diesel vehicles from towns and cities, noting their exceptional contribution to air pollution;
iv) to lobby NHS trusts and contractors for decarbonisation of NHS transport;
v) to lobby NHS trusts for improved cycling amenities for staff where these may be absent.

75b Motion by LONDON REGIONAL COUNCIL: That this meeting notes that air pollution is a major public health threat, contributing to an estimated 30-50,000 excess/early deaths in the UK alone. It makes no sense for the NHS to contribute to lethal air pollution e.g. from NHS owned/operated diesel/commissioned vehicles. This meeting instructs the BMA:-
   i) to lobby the government to transition the entire NHS owned/operated/commissioned diesel vehicle fleet to meet ultra-low emission zone* standards by 2022. *ULEZ reference: https://tfl.gov.uk/modes/driving/ultra-low-emission-zone.
   ii) to lobby the government (+/ devolved administrations) to make all NHS trust premises in England +/- Wales +/- Northern Ireland ultra-low emission zones by 2022.

* 76 Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting:-
   i) notes the widespread problems of abuse and addiction with pregabalin amongst users of illicit drugs;
   ii) notes the contribution of pregabalin to bullying and violence in prison populations;
   iii) calls for the BMA to lobby the appropriate authorities to make pregabalin a controlled drug.

76a Motion by FORENSIC MEDICINE COMMITTEE: That this meeting regarding pregabalin:-
   i) recognises its widespread misuse and trade within prisons;
   ii) acknowledges its association with drug-related deaths;
   iii) calls for it to be reclassified as a Schedule 3 controlled drug.

76b Motion by TOWER HAMLETS DIVISION: That this meeting with regards to pregabalin:-
   i) recognises its widespread misuse and trade within prisons as well as increasing use in the community;
   ii) acknowledges its association with drug-related deaths;
   iii) calls for it to be reclassified as a Schedule 3 controlled drug.

77 Motion by EDGWARE & HENDON DIVISION: That this meeting in the wake of the measles outbreak that swept Europe in March 2017:-
   i) condemns anti-vaxxers who deny immunisations to their children;
   ii) calls upon the BMA to present a position paper to the government on the potential advantages and disadvantages of childhood immunisation made mandatory under the law.
78 **Motion** by CONSULTANTS CONFERENCE: That this meeting acknowledges the global threat to human health posed by antimicrobial resistance and the firm linkage to inappropriate usage both in human health and in agriculture. As such we call on the BMA:-
   i) to continue supporting the vision of the UK 5-Year Antimicrobial Strategy (2013-2018);
   ii) to support stakeholders in making sure that there is a subsequent strategy following on from 2018;
   iii) to support the One Health approach to antimicrobials, recognising that usage in human health only accounts for 50% of usage worldwide and encouraging responsible use in agriculture, engineering and other industries aside from human health;
   iv) to recognise their own part to play by ensuring, where possible, that subcontracted catering suppliers used for BMA meetings use antimicrobial-free produce by preference.

* 79 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE YORKSHIRE DIVISION): That this meeting notes the burden of rising obesity and type 2 diabetes on the NHS, welcomes proposed taxes on highly sugared drinks and also calls for:-
   i) minimum pricing for confectionery products and sweets;
   ii) education of the public on the long-term ill effects of high-sugar drinks and confectionery on health;
   iii) UK hospitals to champion healthy eating by providing only healthy food for in-patients and;
   iv) the NHS to restrict the sale of unhealthy food and drinks on NHS premises.

79a **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting welcomes the English government’s proposed tax on highly sugared drinks in the battle against childhood obesity and:-
   i) decries the practice of supersizing drinks in retail outlets;
   ii) calls for a tax on bags of sweets sold greater than 100g per unit bag or bar;
   iii) believes the advertising of high sugar drinks should be prohibited on TV before a watershed to avoid influencing children;
   iv) calls on the BMA to petition national governments to achieve this.

79b **Motion** by LOTHIAN DIVISION: That this meeting believes in line with rising obesity and increasing burden of type 2 diabetes on the NHS that the government tax sugar and bring in minimum pricing for all confectionery products and sweets.

79c **Motion** by SAS CONFERENCE: That this meeting regrets the fact that the Department of Health and the devolved administrations are not educating the public about the ill effects of soft drinks on health in the long term, so recommends that steps are taken to educate the public widely about their ill effects.

79d **Motion** by SHROPSHIRE DIVISION: That this meeting recognises the considerable physical and mental health benefits of exercise and healthy eating. This meeting:-
   i) notes the rising cost, both personal and financial, of the obesity epidemic;
   ii) is concerned at the closure of leisure facilities throughout the United Kingdom;
   iii) warns of the risk of accruing a health debt in the years to come from people with limited access to local leisure facilities becoming increasingly unfit and unhealthy;
iv) urges the UK government and local authorities to ensure that local leisure facilities are available so as to improve the health of the nation;
v) encourages all UK hospitals to champion healthy eating by providing only healthy food for in-patients and restricting the sale of unhealthy food on hospital premises;
vi) supports a government subsidy for healthy food alongside taxation on unhealthy food, additional funds might be used to support leisure facilities.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned that the rising levels of obesity poses a serious threat to the health and wellbeing of our population and negatively impacts the already cash strapped NHS finances. It therefore asks the BMA to liaise with appropriate government bodies to ensure greater campaign and media coverage to raise public awareness of the significant health risk from obesity and to empower the population to take a greater ownership of their health and well-being.

Motion by SUFFOLK DIVISION: That this meeting congratulates the work of the Rotarians in their campaign PURPLE4POLIO for the complete eradication of polio.

Motion by NORTHERN IRELAND COUNCIL: That this meeting believes that reconfiguration of services in Northern Ireland must:

i) be evidence based and result in better outcomes for patients;

ii) be carried out in an integrated way, taking patients’ primary, secondary and social care needs into account and not confined to local HSC trust level;

iii) include full and meaningful clinical engagement with doctors at all levels.

Motion by JUNIOR DOCTORS CONFERENCE: That this meeting applauds the publication of the reports in October 2016 from the expert panel, ‘Systems not Structures: changing health and social care,’ and the Northern Ireland Health Minister’s Vision, ‘Health and Wellbeing 2026: delivering together,’ and demands that the Northern Ireland Health Minister must ensure that:

i) changes are clinically led;

ii) clinical engagement with doctors in training takes place at every stage;

iii) decisions on reconfiguration of acute services must have regional oversight.

Motion by NORTHERN IRELAND COUNCIL: That this meeting recognises that the lack of full implementation of the recommendations from numerous workforce planning reviews has contributed directly to the current shortage of doctors in Northern Ireland. This meeting believes that the Department of Health in Northern Ireland:

i) must be held accountable for ensuring there is the appropriate medical workforce to deliver care to the population of Northern Ireland;

ii) must recognise that increased investment in the medical workforce is required to ensure that Northern Ireland is an attractive place to work.
WALES

Wednesday 11.25-11.40

85 Receive: Report from the BMA Welsh council chair (Philip Banfield).

86 Motion by WELSH COUNCIL: That this meeting notes the observations of the OECD in its 2016 report comparing health systems of the four UK nations that:-
   i) Welsh health boards do not have sufficient institutional and technical capabilities and capacities to drive meaningful change;
   ii) a stronger central guiding hand may be needed.
This meeting therefore calls upon the Welsh government to take what steps are necessary to provide such a central guiding role, thereby ensuring that health boards and NHS trusts are subject to greater direction, scrutiny and accountability so they are clearer and better able to deliver what is expected of them.

SCOTLAND

Wednesday 11.40-11.55

87 Receive: Report from the BMA Scottish council chair (Peter Bennie).

88 Motion by SAS CONFERENCE: That this meeting:-
   i) commends BMA Scotland for setting up a ‘respect at work’ helpline to offer support and advice to members with problems relating to bullying, harassment, discrimination and dignity at work;
   ii) calls on the rest of the BMA to follow this example.

PRIVATE PRACTICE

Wednesday 11.55-12.00

89 Receive: Written report from the BMA private practice committee chair (Derek Machin).

CIVIL AND PUBLIC SERVICES

90 Receive: Written report from the BMA civil and public services committee chair (Alan Mitchell)

Contingency time

Wednesday 12.00-12.05

FINANCES OF THE ASSOCIATION

Wednesday 12.05-12.25

91 Receive: Report from the BMA treasurer (Andrew Dearden).

92 Motion by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2016 as published on the website be approved.

93 Motion by TREASURER: That the subscriptions outlined in document ARM1B (appendix IV) be approved from 1 October 2017.
* 94 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE JUNIOR DOCTORS CONFERENCE): That this meeting believes that the expenses, reimbursements and honoraria of all BMA committee and council members should be made available to:
   i) individual members on personal request;
   ii) members who are logged on to the BMA webpages;
   iii) the general public.

94a Motion by JUNIOR DOCTORS CONFERENCE: That this meeting believes that the expenses, reimbursements and honoraria of all nominated and elected members of BMA bodies, committees and sub-committees should be public online and accessible to members.

94b Motion by MEDICAL STUDENTS CONFERENCE: That this meeting believes that the expenses of all BMA committee and council members should be made public annually.

A 95 Motion by PUBLIC HEALTH MEDICINE CONFERENCE: 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".

CHARITIES Wednesday 12.25-12.30

96 Receive: Report from the BMA charities committee chair (Andrew Mowat).

Session closes 12.30
Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE MANCHESTER & SALFORD DIVISION): That this meeting:-

i) recognises the significant contributions and personal sacrifices made by medical students and junior doctors during the course of their degree and further medical education;
ii) recommends that the government should seek to understand why junior doctors might leave the NHS;
iii) rejects the secretary of state’s proposal that doctors should be required to work for the NHS for 4 years after registration or pay back the “cost of their training”;
iv) opposes any move to impose a minimum period of NHS employment.

Motion by MANCHESTER & SALFORD DIVISION: That this meeting recognises the significant contributions and personal sacrifices made by medical students and junior doctors during the course of their degree and further medical education, and opposes any move to impose a minimum period of NHS employment.

Motion by CONSULTANTS CONFERENCE: That this meeting conference:-

i) rejects the Secretary of State’s proposal that medical students should be required to work for the NHS for 4 years after registration or pay back the “cost of their training”;
ii) recommends that the government should seek to understand why junior doctors might leave the NHS rather than forcing them to stay;
iii) calls on the BMA to analyse exactly what is the cost of training a medical student compared with the tuition fees paid;
iv) calls on the BMA to lobby government and other relevant bodies to drop this proposal.

Motion by JUNIOR MEMBERS FORUM: That this meeting opposes the Department of Health’s proposed policy to tie in medical students to four years of mandatory NHS service, and therefore calls upon :-

i) the BMA to work with different organisations to further lobby the government;
ii) the BMA medical student committee to work with medical schools to gather the opinions of medical students who could potentially be affected by this in the future.

Motion by LONDON REGIONAL COUNCIL: That this meeting condemns the Secretary of State for Health’s aspiration to require UK-trained doctors to undertake a fixed number of years working exclusively for the English NHS post-graduation;

i) demands that doctors are not disadvantaged in this respect from graduates in other disciplines;
ii) recognises that doctors are financially penalised by the length of their training and cost of post-graduate examinations;
iii) calls on the government to adequately fund medical post-graduate training including paying for examination fees for higher professional training;
iv) calls on the government to focus on recruitment & retention of doctors rather than conscription.
97e **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting condemns any system of indenture applied to UK medical graduates, and instructs the BMA to resist this proposal as it is:-
   i) a distraction from the retention issues of workload, terms and conditions of service, training, pay and maltreatment;
   ii) a risk to physician wellbeing;
   iii) a counterintuitive pressure for doctors to delay or cut short training contracts or leave having "done their NHS service".

97f **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting condemns any system of medical indenture being applied to UK trained medical graduates when all other graduates are exempt especially as all graduates have paid tuition fees and instructs the BMA to resist these proposals.

* 98 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY THE NORTH WEST REGIONAL COUNCIL): That this meeting notes the on-going gender pay gap and consistent under-representation of women in leadership positions and:-
   i) insists that employment contracts do not contain clauses which discriminate against women;
   ii) insists that equality impact assessments have equal status to other documents when considering contracts;
   iii) calls for the BMA to encourage improved diversity in representation locally, regionally and nationally.

98a **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting considers it unacceptable that there remains a significant gender pay gap in medicine nearly 50 years after the introduction of the Equal Pay Act 1970 and that women remain consistently underrepresented in leadership positions and at consultant level. We call upon the BMA to:-
   i) establish a working group open to all branches of practice who will work in parallel with the EDI advisory group to gather independent gender pay gap data and advise BMA on gender issues that are unique to the medical profession;
   ii) actively encourage non-male members to participate in BMA activity at regional and national level and challenge regions that have long standing all-male committees to increase non-male membership;
   iii) organise a national ‘women in medicine’ conference to enable junior and medical student members to be inspired and motivated by successful medical women.

98b **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting must face the hard fact that the BMA has, over the last year of contract negotiations in particular, failed to represent its female members. With over half of new doctors in training being female [i] and given that inequality of pay has increased from 20% [ii] in 2004 to 40% in 2014 [iii], we demand the following:-
   i) clauses which discriminate against women should represent a RED LINE and not be permitted, nor should addressing these issues be allowed to be postponed;
   ii) equality impact assessments should be taken as seriously as any other document which details a threat to the profession and its future;
iii) take immediate action to close the gender pay gap and protect the female workforce;
iv) a considered and urgent recruitment drive to increase female membership of the BMA.

As a union, we must prioritise giving women a voice as well as the bargaining power they so sorely need in order to increase their wage share [iv] and ensure better T&Cs which would benefit the ENTIRE workforce [v]. Briefing document with references to be circulated at ARM.


[ii] Five facts about the gender pay gap in UK medicine BMJ 2016; 354 doi: https://doi.org/10.1136/bmj.i3878 (Published 12 July 2016).


[iv] "Gender equality can influence growth and employment outcomes" and "The push for wage-led/equality-led recovery can primarily come through a strengthening of the bargaining power of labour and bringing the welfare state back. Gender equality should be at the heart of the design as well as evaluation of these policies. A wage-led development strategy requires policies targeting the top, middle, and bottom of the wage distribution. This would correct the increased gap between the changes in productivity and wages in the last three decades. Strengthening the power of the labour unions via an improvement in union legislation, increasing the coverage of collective bargaining, increasing the social wage via public goods and social security, establishing sufficiently high minimum wages, eliminating the gender wage gap, eliminating discriminatory labour market practices, regulating high/executive pay, and levelling the global playground through international labour standards are the key elements in creating the balance of power relations in favour of a wage-led recovery" in The role of gender equality in an equality-led sustainable development strategy Özlem Onaran University of Greenwich Year: 2015 http://gala.gre.ac.uk/14077/1/GPERC26_OnaranF.pdf


Motion by EASTERN REGIONAL COUNCIL: That this meeting is appalled by the delays that are being reported by practitioners, in payment of doctors’ pension lump sum and even delays of payments of regular pension payments and calls on the BMA to:-
i) undertake a full inquiry into the size of the problem and reasons for these delays;
ii) ensure that doctors are awarded full financial compensation for any loss as a result of any delay;
iii) ensure that the NHS Pensions Agency pays interest on delayed pension lump sums.
* 100 **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this meeting recommends that members who are forced to withdraw from the NHS pension scheme on breaching their Life-Time Allowance should be refunded future NHS employer contributions.

100a **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recommends that members who are forced to withdraw from the NHS pension scheme on breaching their Life Time Allowance should be refunded future NHS employer contributions.

101 **Motion** by CONSULTANTS CONFERENCE: That this meeting believes the NHS funding crisis cannot continue to be managed by pay restriction.

**STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS**  
Wednesday 14.50-15.15

102 **Receive**: Report from the BMA staff, associate specialists and specialty doctors committee chair (Amit Kochhar).

* 103 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting warmly welcomes the publication of the document “SAS Doctor Development” in partnership with the Academy of Medical Royal Colleges, Health Education England and NHS Employers and calls upon all these agencies to use their collective best endeavours to ensure that the principles outlined in the document are fully realised such that the disadvantaging of SAS doctors in terms of career development and leadership opportunities becomes a thing of the past.

103a **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting applauds the work of the British Medical Association, Academy of Medical Royal Colleges, NHS Employers and Health Education England in publishing the SAS development document, and calls on all NHS trusts to implement the recommendations such as actively encouraging SAS doctors to take up leadership positions by investing in training and supporting them to fulfil the requirements of the advertised positions.

104 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting has concerns that currently there is a lack of SAS representation on the Local Education and Training Boards and the appointments of Associate Deans for SAS doctors are not being continued. It therefore calls on Health Education England to ensure that:

i) there is appropriate SAS representation on the Local Education and Training Boards and;

ii) the appointments of Associate Deans for SAS doctors continue and that they are appointed from within the SAS grades.

A 105 **Motion** by SALISBURY DIVISION: That this meeting congratulates UK SASC on the successful acceptance of the SAS charter by NHS employers and calls for the BMA and NHS employers to ensure its universal implementation in NHS.
**MEDICO-LEGAL AFFAIRS**

**Wednesday 15.15-15.40**

**106**  
**Receive:** Report from the BMA medico-legal committee chair (Jan Wise).

**107**  
**Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY THE NORTH & MID STAFFORDSHIRE DIVISION): That this meeting, in the light of increasing personal injury awards and rapidly increasing medical indemnity costs:—

i) supports the introduction of a system of no-fault compensation for medical injuries;  
ii) supports the principle of annual care payments to the injured, rather than lump sum payments;  
iii) seeks the direct reimbursement by government of medical indemnity costs relating to NHS treatment.

**107a**  
**Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting calls on the BMA to strongly lobby for a review of our medical indemnity compensation system, which has become unaffordable, awards disproportionate future private costs to the few successful cases and would be far fairer and more sustainably modelled on the New Zealand system.

**107b**  
**Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting in the light of recently proposed amendments to the Ogden Rules in respect of personal injury awards coupled with rapidly increasing medical indemnity costs; directs council to:

i) review the BMA policy on no fault compensation;  
ii) seek public support and education to encourage the government to amend the law to allow for annual payments for care to the injured rather than lump sums in such cases;  
iii) demand direct linkage of reimbursement to the profession by the government of the costs of medical indemnity premia;  
iv) remind both the public and the government that the rising propensity for litigation transfers NHS resource away from caring for patients.

**107c**  
**Motion** by CONFERENCE OF LMCS: That this meeting in the light of recently proposed amendments to the Ogden Rules in respect of personal injury awards coupled with rapidly increasing medical indemnity costs; this conference directs GPC to instruct BMA Council to:

i) review the BMA policy on no fault compensation;  
ii) seek public support and education to encourage the government to amend the law to allow for annual payments for care to the injured rather than lump sums in such cases;  
iii) demand direct linkage of reimbursement to the profession by the government for the costs of medical indemnity premiums;  
iv) remind both the public and the government that the rising propensity for litigation transfers NHS resource away from caring for patients.

**107d**  
**Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting reiterates its concern about the escalating costs of claims against the NHS and GPs, aggravated by the reduction in the discount factor, and requests council to press the government to implement a no fault compensation scheme.
107e Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting calls for the adoption of a “no fault” compensation scheme to replace the current tort based litigation system where negligence has to be proven before patients suffering from harm can be recompensed. The present system has resulted in the waste of precious NHS resources with lawyers being the main beneficiaries and has also led to the practice of “defensive” medicine to the detriment of patients.

108 Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting welcomes the Law Commission proposals to simplify the Deprivation of Liberty Safeguards procedures and urges the government to make legislative time for such primary legislation despite Brexit.

FORENSIC MEDICINE Wednesday 15.40-16.00

109 Receive: Report from the BMA forensic medicine committee chair (Rachael Pickering).

110 Motion by FORENSIC MEDICINE COMMITTEE: That this meeting regarding the mental state examination of children under arrest in police custody suites: -
   i) is concerned at the lack of forensic physicians possessing membership of the Faculty of Forensic and Legal Medicine;
   ii) considers that it is non-equivalent compared with the care given to non-detained children;
   iii) believes that child psychiatrists should be called into police custody suites until such time as sufficient numbers of forensic physicians possess membership of the Faculty of Forensic and Legal Medicine.

* 111 Motion by FORENSIC MEDICINE COMMITTEE: That this meeting supports the Royal College of Psychiatrists’ urging of the government to amend the Prison and Courts Bill to include a statutory requirement of prisons to protect the mental and physical health of offenders.

111a Motion by TOWER HAMLETS DIVISION: That this meeting: -
   i) recognises the high mental health needs of those held in prison;
   ii) notes the frequent non-existence of provision of psychological therapies to offenders;
   iii) believes that psychological therapies are a valuable part of holistic offender management;
   iv) calls for the NHS provision of equivalence of care at least comparable with what is available to non-offenders with similar needs.

111b Motion by FORENSIC MEDICINE COMMITTEE: That this meeting regarding access to psychological therapies in prisons: -
   i) notes the frequent non-existence of provision to offenders;
   ii) believes that it is a valuable part of holistic offender management;
   iii) calls for equivalence of care compared with what is available to non-offenders.
Agenda of the ARM

Contingency time
Wednesday 16.00

MEDICAL STUDENTS
Wednesday 16.05-16.40

112 **Receive** by LOTHIAN DIVISION: That this meeting calls on the BMA medical students committee co-chairs (Charlie Bell and Harrison Carter).

113 **Motion** by MEDICAL STUDENTS: That this meeting calls on the BMA to improve awareness of student mental health in medical schools. The BMA should do this by:-
   i) utilising its growing local networks to host mental health talks and events for local medical students;
   ii) calling upon medical schools to improve support for student mental health and resilience in the curriculum;
   iii) reporting back on progress and responses from medical schools.

* 114 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LEICESTERSHIRE & RUTLAND DIVISION): That this meeting, in light of the NHS medical recruitment crisis, is appalled by the decrease in medical student applications and calls for:-
   i) places to be given on merit without financial barriers;
   ii) the cost of a 5-year medical degree to be realigned to meet the cost of an average undergraduate degree in a comparable subject;
   iii) the government to increase medical student numbers and resource universities appropriately.

114a **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is appalled that the number of applicants wishing to study medicine continues to decline and that medical schools have had to resort to using clearing for the first time ever and calls on:-
   i) demands that medical students should be given places on merit without financial barriers;
   ii) that the cost of a 5 year medical degree should never exceed the average cost of a 3 year degree in a comparable subject;
   iii) that all medical schools should provide bursaries for able students who otherwise could not study medicine due to financial hardship.

114b **Motion** by LINCOLN DIVISION: That this meeting believes that increasing medical student numbers could play a vital part in increasing numbers of doctors in under-doctored specialties and under-doctored geographical areas and calls on council to lobby:-
   i) the governments to achieve that result;
   ii) governments to resource universities appropriately.

114c **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is deeply concerned about the continued decrease in the number of medical school applications year on year. This meeting calls upon the BMA to:-
   i) publicly highlight the developing problem in medical student recruitment;
   ii) lobby government regarding the Health Secretary’s plans to increase medical student places, highlighting that active engagement with medical students and schools will be necessary to the successful implementation of this policy;
iii) work with employers to provide and promote free work experience opportunities for prospective medical students;
iv) support local and national initiatives that improve information provision at schools and Sixth Form Colleges regarding the profession, medical school admission processes and the role of the BMA;
v) survey current medical students to gauge fluctuations in attitude toward a career in medicine.

114d **Motion** by SCUNTHORPE DIVISION: That this meeting is seriously concerned over the medical workforce crisis in this country and calls upon the BMA to enquire of the DH and Higher Education Funding Council for England why there appears to be no consistent policy to increase the number of medical school places to cater for the future needs of the population.

114e **Motion** by SCUNTHORPE DIVISION: That this meeting believes that the government no longer engages in proper workforce planning in both the secondary care sector and general practice and that the announcement of an additional 5,000 GPs is a political figure plucked out of the air which does not recognise the current attrition rate of doctors intending to resign, retire or emigrate, and calls upon the government and HEE to increase the number of places in medical schools to an evidence-based level to satisfy the future needs of medical workforce in the UK to enable all doctors to provide a proper safe service to their patients.

* 115 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE DARTFORD GRAVESEND & MEDWAY DIVISION): That this meeting condemns the proposed increase in tuition fees and calls on the BMA to:
   i) support other organisations campaigning against the proposals;
   ii) oppose excessive rates of interest charged on student loans and lobby for any interest charges to be in line with the governments’ long-term borrowing costs.

115a **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this meeting recommends that the usurious rates of interest charged on student loans should stop immediately and any interest charges should be in line with government long term borrowing costs.

115b **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recommends that the usurious rates of interest charged on student loans should stop immediately and any interest charges should be in line with government long term borrowing costs.

115c **Motion** by JUNIOR MEMBERS FORUM: That this meeting condemns the proposed increase in tuition fees and the association thereof with National Student Survey performance as outlined in the Higher Education Bill. We therefore call on the BMA to:
   i) oppose tuition fee rises;
   ii) support organisations campaigning against the proposals;
   iii) actively engage with stakeholders to mitigate the negative impact on future doctors.
Motion by JUNIOR MEMBERS FORUM: That this meeting believes that undergraduate medical training should include knowledge of the structure and framework, funding and resource prioritisation of the NHS. We therefore call upon the BMA medical students committee to work with the education subcommittee of the Medical Schools Council and other relevant bodies, including the Health Foundation and the GMC, to ensure that this training is compulsory in the core curriculum of all medical schools in the UK.

JUNIOR DOCTORS       Wednesday 16.40-17.05

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

Motion by CONSULTANTS CONFERENCE: That this meeting continues to support junior doctors, and:-
  i) calls upon consultant members of the BMA to endorse exception reporting as a tool for the improvement of terms and conditions of trainee doctors;
  ii) asks its members not to suppress in any way the fair use of the exception reporting mechanism by junior colleagues.

Motion by MANCHESTER & SALFORD DIVISION: That this meeting calls for a mandatory nationally agreed minimal period of protected administrative time (relevant to the level of training and duties) built into junior doctors work schedules. This would be above and beyond that protected for teaching and training and intended for the purpose of completing paperwork tasks, mandatory training, portfolio tasks, audit, guideline reviews and other required educational, teaching or management tasks currently having to be completed in that doctors own time without recognition or pay.

Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that time spent by junior doctors conducting audit and research should be included within their work schedule.

Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that the retention of junior doctors in the NHS is in crisis and therefore calls upon the BMA to recognise the foundation training years are in employment, thus eligible for tier 2 visas.

OCCUPATIONAL MEDICINE       Wednesday 17.05-17.15

Receive: Written report from the BMA occupational medicine committee chair (Nigel Wilson).

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes the publication of the green paper 'Improving Working Lives' and:-
  i) regrets the short timescale for consultation;
  ii) supports initiatives which encourage occupational health support and workplace assessments for employers designed to keep people in employment through periods of ill health or to enter the workplace where possible;
  iii) believes that any additional burden of workload and costs with respect to implementation of the recommendations should fall to the DWP and not the NHS.
BMA TREASURER'S QUESTION AND ANSWER SESSION       Wednesday 17.15-17.30

Opportunity for representatives to ask questions of the BMA treasurer.

Session closes       Wednesday 17.30
CONSULTANTS

Thursday 9.00-9.25

123 **Receive:** Report from the BMA consultants committee chair (Keith Brent).

124 **Motion** by CONSULTANTS CONFERENCE: That this meeting believes that the new (2016) junior doctor contract impinges on the working lives of many consultants in England and demands that NHS Employers agree an adequate programmed activity (PA) allocation for the following roles:-
   i) guardians of safe working;
   ii) educational supervisors;
   iii) clinical supervisors.

* 125 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that all consultants, members on the specialist register and junior doctors of ST3 and above should be balloted on the new consultant contract proposals.

125a **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists that all consultants and all junior doctors of ST3 and above should be balloted on the new consultant contract proposals.

125b **Motion** by JUNIOR MEMBERS FORUM: That this meeting acknowledges that there is previous policy to ballot ST3 and above in hospital specialities regarding the consultant contract negotiations. We call on the BMA to:-
   i) uphold this policy;
   ii) ensure there is a ballot before acceptance of any consultant contract revision.

125c **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting believes that collective bargaining rights are enshrined by democracy and any new employment contract for doctors should be subject to a referendum of eligible members. We call upon the BMA to require a referendum of consultants and doctors in training of grade ST3 and above before acceptance of the 2018 terms and conditions of service for consultants in England.

PUBLIC HEALTH MEDICINE

Thursday 9.25-9.45

126 **Receive:** Report from the BMA public health medicine committee chair (Iain Kennedy).

* 127 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST LONDON DIVISION): That this meeting deplores the severe funding cuts being made to public health services and calls for:-
   i) government immediately to stop further reductions in public health budgets;
   ii) a mechanism to ensure the consistency and equity of nationwide public health provision;
   iii) the reinstatement of public health within the National Health Service.

127a **Motion** by SOUTH WEST LONDON DIVISION: That this meeting deplores the cut in the Public Health grant in England and the actions of many Local Authorities in further reducing their allocation to Public Health. The immediate adverse effects on sexual health, drug misuse and alcohol services are already apparent, but the longer term damaging effects on the health of the population will be profound. The proposed
move to fund Public Health in Local Authorities from business rates could easily lead to unacceptable variations in services for the population. Therefore this meeting:-

i) calls for the funding of Public Health to be restored;

ii) requests a mechanism to ensure that consistent equitable Public Health services are provided throughout the Land;

iii) proposes a review of STPs to confirm that spending on prevention and other areas of Public Health is being maintained in spite of the apparent plan of the NHS Chief Executive.

127b Motion by CONFERENCE OF LMCS: That this meeting deplores the severe funding cuts being made to public health services, which are in danger of undermining a century of investment in proactive disease prevention covering some of the most deprived communities in the country and calls upon the government to immediately stop further reductions in public health budgets.

127c Motion by LINCOLN DIVISION: That this meeting believes that government cuts to public funding have reduced provision and availability of sexual and reproductive health services:-

i) we recognise that provision of these services makes sound economic and clinical sense;

ii) we reaffirm the importance of contraceptive choice;

iii) we call on UK governments to ensure availability, funding and monitoring of these services.

127d Motion by TOWER HAMLETS DIVISION: That this meeting notes the considerable government reduction in local authority grants and the associated cutbacks in drug and alcohol treatment services; it further notes the major increase in drug related deaths in England in most statistics and recognises the complexity of social, mental and physical health needs of people with severe drug and alcohol problems. The meeting calls for improved funding and provision of drug and alcohol services for treatment and recovery, in the community and in prison, with close integration with NHS primary and secondary care services.

127e Motion by LEWISHAM DIVISION: That this meeting:-

i) believes that the reduction in public health funding since it was moved out of the NHS shows the danger of not ring fencing health spending in any integrated care scheme;

ii) calls on the BMA to work towards reinstating public health in the NHS.

127f Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting calls for the BMA to lobby for a reversal to the recent decrease in public health funding (and the removal of its within local authority NHS ring-fencing) as important services currently being commissioned to local communities, such as drug and alcohol and sexual health services, have been significantly cut as a result.

127g Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting calls for the government cuts to public health in local authorities to be made good as this has led to cuts in services which impact on public safety.
Motion by NORTH WEST REGIONAL COUNCIL: That this meeting is dismayed that more than 34,000 children aged nine years and under have had tooth extractions in the last two years, 18,000 of which are five years and under. The avoidable risks of general anaesthesia and impact on morbidity is of serious concern. This meeting therefore:-

i) calls on the Departments for Education and of Health to facilitate the introduction of compulsory dental hygiene lessons into the primary school curriculum;

ii) calls on the introduction of free toothbrushes to all children aged five years and under;

iii) calls on the secretary of state for health and the Food Standards Agency to regulate for the introduction of health warnings on the packaging of children's foods where high sugar contents may contribute to tooth decay.

PROFESSIONAL FEES
Thursday 9.45-10.00

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

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting instructs council to sort out and modernise the “collaborative fees” structure in respect of work done by doctors on behalf of local authorities.

INTERNATIONAL AFFAIRS
Thursday 10.00-10.35

Receive: Report from the BMA international committee chair (Terry John).

Motion by TOWER HAMLETS DIVISION: That this meeting:-

i) condemns the UK government for reneging on the Dubs amendment so that by April 2017 only 350 unaccompanied minors had been allowed into the country;

ii) demands that the government respects the Dubs agreement and admits the children;

iii) demands that the UK take a proportionate share of the international obligation to provide sanctuary to people fleeing from war and persecution.

* Motion by MEDICAL STUDENTS CONFERENCE: That this meeting calls on the BMA to:-

i) recognise the current global refugee crisis and the unique health challenges that face refugees and asylum seekers;

ii) campaign for better access to healthcare and health education for this group;

iii) promote research into the physical and psychosocial aspects of refugees’ and asylum seekers’ health.

Motion by CIVIL AND PUBLIC SERVICES COMMITTEE: That this meeting believes that pre-registration with GPs for asylum seekers should occur, so that they are able to get appointments once they are discharged.
134 Motion by FORENSIC MEDICINE COMMITTEE: That this meeting regarding the ill-treatment of prisoners:-
   i) notes that the Council of Europe’s Committee for the Prevention of Torture publishes standards, which contain thresholds for defining various types of ill-treatment within European secure environments;
   ii) notes with concern that there are no published worldwide standards regarding the prevention of prisoner ill-treatment by which national signatories to the United Nations’ Optional Protocol to the Convention Against Torture must abide;
   iii) calls for the United Nations’ Subcommittee on Prevention of Torture to publish standards that define various types of ill-treatment within worldwide secure environments.

BREXIT

* 135 Motion by LINCOLN DIVISION: That this meeting acknowledges that the decision to leave the EU is now a “fait accompli”, and believes that the movement of doctors in and out of the UK strengthens health services in the UK and abroad, and calls on the BMA to lobby the UK government to uphold:
   i) the right of residence to be granted to EU doctors and medical academic staff who are working in the UK;
   ii) the right of residence to be granted to UK doctors and medical academic staff who are working in EU states;
   iii) the right of medical students from the EU currently enrolled in UK medical schools to continue to live in the UK and work and train in the NHS after qualification;
   iv) the mutual recognition of professional qualifications;
   v) the common framework for training and standards;
   vi) the alert system for raising fitness to practice concerns.

135a Motion by SHEFFIELD DIVISION: That this meeting is concerned that the government’s plans for exiting the European Union do not spell out the options for doctors from the EEA working in the United Kingdom and calls on the BMA to lobby the government to:-
   i) urgently make public their plans on how they will deal with NHS medical workforce shortages;
   ii) ensure that doctors from the EEA working in the UK are secured the right to remain and work in the United Kingdom after the United Kingdom exits the European Union;
   iii) vehemently oppose any plans by the UK government to repatriate these doctors back to Europe.

135b Motion by MEDICAL STUDENTS CONFERENCE: That this meeting is extremely concerned at the implications of Brexit for medical students from the EU, and calls on the BMA to prioritise safeguarding their rights.

135c Motion by JUNIOR DOCTORS CONFERENCE: That this meeting:-
   i) believes that Brexit poses many risks to the NHS due to the large number of EU nationals working in the health service;
   ii) calls on the UK government to do everything possible to ensure NHS staff from EU countries are permitted to stay here after the UK leaves the EU;
   iii) calls on the UK government to ensure that junior doctors from EU countries who have completed their specialty training in the UK are eligible to apply for consultant jobs here.
135d Motion by CALDERDALE DIVISION: That this meeting believes that EU doctors currently working in the NHS should be allowed to continue doing so.

135e Motion by NORTH WEST REGIONAL COUNCIL: That this meeting strongly urges the government to act urgently to provide certainty to NHS staff from EU countries about their futures in the UK and the NHS.

135f Motion by NORTH WEST REGIONAL COUNCIL: That this meeting values our doctor and healthcare professional colleagues from elsewhere in the EU, understands the vital role they play in the UK healthcare workforce, and demands that these doctors and other healthcare professionals are granted indefinite right to remain and practise without penalty post-Brexit.

135g Motion by SHROPSHIRE DIVISION: That this meeting states that the NHS could not function without the free movement of medical staff and asks the government to support this during the Brexit negotiations.

135h Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting states that the NHS could not function without the free movement of clinicians and asks the government to ensure this during the Brexit negotiations.

135i Motion by EDGWARE & HENDON DIVISION: That this meeting condemns the failure of both the Prime Minister and Secretary of State for Health’s failure to recognise the crucial role played by immigrant doctors in the NHS. We call upon the Prime Minister to applaud the work of overseas NHS staff, to offer them appropriate meaningful assurances in the face of Brexit and to develop a sustainable long-term strategy for international recruitment to the Health Service.

135j Motion by SHROPSHIRE DIVISION: That this meeting asks that the government honours the commitment that EU doctors have made to the NHS and ensures that they are not disadvantaged by Brexit negotiations.

135k Motion by SCOTTISH COUNCIL: That this meeting believes that the BMA should continue to work with the other European Medical Agencies to try and ensure that Brexit does not adversely affect the NHS workforce by lobbying governments to ensure:
   i) continuing free movement of doctors between the UK and Europe post Brexit;
   ii) that those European nationals working within the NHS or medical research in the UK prior to Brexit will automatically be given permission to stay in the UK post Brexit.

135l Motion by HOLLAND DIVISION: That this meeting believes that Brexit will have a catastrophic effect on medical staffing provision in both primary and secondary care services in rural areas, and calls on the government to address these concerns.

135m Motion by HOLLAND DIVISION: That this meeting condemns the uncertainty of Brexit proposals with respect to freedom of movement and the probable effects on medical students from both the European Union and the wider international community, and calls on the government to ensure that such students are not disadvantaged.

135n Motion by NORTH EAST LONDON DIVISION: That this meeting recommends to the government that during the Brexit negotiations with the EU, doctors from the EU must
have an immigration system which provides flexibility for appropriate recruitment to sustain the NHS, and certainty for EU doctors to work and live in the UK.

135o **Motion** by LEWISHAM DIVISION: That this meeting acknowledges the contribution EU doctors and other health workers make to the NHS. It calls on the UK government to provide certainty of right to remain to these people.

135p **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting:-

i) insists that doctors from elsewhere in the European Union form a vital part of the UK’s medical workforce;

ii) calls on HM government to ensure that these doctors have the indefinite right to remain and practise without penalty, post-Brexit.

135q **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting asks the government to acknowledge the contributions and commitment that EU doctors continue to make to the NHS and to ensure that they are not disadvantaged by the Brexit negotiations.

135r **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting deplores the failure of the government to assure residency rights after Brexit to NHS staff who are from other countries in the European Union.

135s **Motion** by KESTEVEN DIVISION: That this meeting calls on the home office to continue to support in the post Brexit era, the European doctors working and contributing to the NHS Hospitals.

135t **Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting calls on the BMA to lobby in the interest of protection for European doctors following Brexit and make arrangements to provide support.

135u **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting is concerned about the shortage of medical staff in the NHS, which is likely to be worsened by Brexit and urges the BMA to work with the government to ensure that doctors who are currently working in the NHS are not disadvantaged by Brexit.

135v **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting believes the government must provide immediate guarantees to all EU citizens presently employed by the NHS that they and their families may continue to work and reside in the UK leading up to and after Brexit.

135w **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting believes that, in view of the crisis in recruitment and retention of doctors facing the NHS, the uncertainty regarding resident status for EU citizens living and working in the UK is unforgiveable. The BMA calls for clarity and reassurance from the UK Government that doctors and their families who have EU citizenship will continue to be made welcome to live and work in the UK and will be given the formal right to remain and a fast-track route to citizenship should they wish it.

135x **Motion** by SUFFOLK DIVISION: That this meeting believes that Brexit is creating such uncertainty that the number of scientists and students applying for further education and research appears to be declining.
135y **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting insists the government must act now to provide certainty to medical professionals and all NHS staff from EU countries about their futures in the UK and in the NHS and believes:-
i) when the NHS is struggling to cope with rising demands and staff shortages this would be catastrophic for the health service and the quality of care;
ii) the NHS is facing an increasing workforce time bomb;
iii) it is not just about numbers but also about the loss of experience and expertise in these medical professionals bring which is invaluable.

135z **Motion** by ROTHERHAM DIVISION: That this meeting demands that the UK government agrees a timescale for the conclusion of an agreement allowing the EU Medical Workforce to remain in the UK.

135aa **Motion** by BIRMINGHAM DIVISION: That this meeting demands that NHS workers from the European Union receive the right to work, live and stay in the UK after Brexit.

135bb **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting welcomes the contribution of all doctors working in the UK and in particular those born outside of the UK and calls for all those currently practising here to be afforded the same opportunity post-Brexit.

135cc **Motion** by CONFERENCE OF LMCS: That this meeting believes that EU nationals working in the NHS are vital for its survival and asks the GPC to vigorously pursue their right to stay in the UK with immediate effect.

* 136 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting believes that the close ties between the health service in Northern Ireland and the Republic of Ireland in terms of training, service delivery and research have been of mutual benefit and must be protected to ensure that doctors, medical students and patients are not disadvantaged in any post Brexit settlement. This meeting believes that:-
i) doctors and students from either jurisdiction must be able to move freely to care for and treat patients;
ii) the existing open border arrangements must be maintained;
iii) mutual recognition of medical qualifications must continue;
iv) all-island health services must be maintained to ensure patients in Northern Ireland have access to specialist care.

136a **Motion** by CONSULTANTS CONFERENCE: That this meeting recognises that Brexit will have a special impact in Northern Ireland due to the land border with a European Union country. We call on the UK government to ensure healthcare in Northern Ireland is prioritised in negotiations with the European Union institutions.

136b **Motion** by SAS CONFERENCE: That this meeting calls on the respective governments in Northern Ireland and the Republic of Ireland to ensure that Cross Border Workers (i.e. Northern residents working in the South or Southern residents working in the North) do not lose entitlement to vital healthcare services in either jurisdiction post Brexit and that retired cross-border workers continue with their entitlements to healthcare as per the EU Directive.
TRAINING AND EDUCATION

Thursday 10.55-11.35

* 137 Motion by SHEFFIELD DIVISION: That this meeting is concerned about the funding cuts that HEE is being forced to make and demands:-
i) the UK government address this immediately instead of passing the buck to arm’s length bodies;
ii) that HEE guarantees the support for trainees, trainers, educators and clinical/educational supervisors is increased in these testing times.

137a Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is dismayed by the planned cuts to Health Education England’s budget of at least 20% by 2020 and:-
i) believes that this will adversely affect the quality of medical education;
ii) is concerned that this will have a profoundly negative effect on the recruitment and retention of the medical workforce;
iii) warns that this has the potential to negatively impact patient care;
iv) calls on the Department of Health to abandon these proposals with immediate effect,

137b Motion by LONDON REGIONAL COUNCIL: That this meeting notes the stealth cuts in medical education by Health Education England (HEE) including charging Specialist Trainees for regional training days from their personal study budgets and calls upon council to lobby HEE to stop this practice.

138 Motion by SCOTTISH COUNCIL: That this meeting calls for the BMA to work with and lobby key stakeholders to ensure the compulsory inclusion of a community based placement within foundation training.

139 Motion by CONFERENCE OF LMCS: That this meeting insists that there should be nationwide protection for doctors undertaking the hospital component of GP training to ensure that all training posts provide the necessary training which will be required in general practice and are not simply used to fill gaps in secondary care rotas.

140 Motion by MANCHESTER & SALFORD DIVISION: That this meeting regrets that the Oriel application system, and speciality recruitment offices only provide email as means of contact for applicants. This meeting:-
i) rejects that email communication alone is sufficient for time-critical communication;
ii) calls upon the relevant parties to provide clear and easily accessible contact details, including a telephone number for the most urgent enquiries.

Contingency time

Thursday 11.35
MOTIONS ARISING FROM THE ARM  
Thursday 11.40-12.55

Chosen motions as voted on by the Representative Body and emergency motions as identified and ordered by the ARM agenda committee.

CLOSING BUSINESS  
Thursday 12.55

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

Closing remarks from the BMA Representative Body chair

ARM ENDS  
Thursday 13.00