Annual Representative Meeting 2018

Agenda

24-28 June 2018, The Brighton Centre
The BMA has endeavoured to print all material relating to ARM 2018 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)
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Agenda of the ARM

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

OPENING OF THE MEETING

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 25 June 2018.

2 Confirm: Minutes of the BMA Annual Representative Meeting held on 26 June to 29 June 2017 (ARM11 - on the website).

3 Receive: That the reports from branches of practice for the session 2017-18 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 The Meeting (page 3, items 1-9)
09:30 Keynote Address By The BMA Council Chair, Dr Chaand Nagpaul (page 5)
09:50 Safe Doctors, Safer Patients (page 6, items 10-13)
10:30 National Health Service (page 12, items 14-24)
11:30 Medicine And Government (page 21, items 25-27)
12:00 Contingency Time
12:05 Occupational Medicine (page 22, items 28-30)
12:20 Professional Fees (page 22, items 31-32)
12:30 Session closes

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

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

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

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

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

**Bye-laws**

5  **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 ARM1A.

**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 Raanan Gillon be appointed BMA president for the session 2019-20.

**BMA COUNCIL CHAIR**  
Monday 9.30 - 9.50

Keynote address by the BMA council chair, Chaand Nagpaul.
SAFE DOCTORS, SAFER PATIENTS

Monday 9.50 - 10.30

* 10 **Motion** by **THE AGENDA COMMITTEE** (TO BE PROPOSED BY NORTH EAST REGIONAL COUNCIL): That this meeting believes that the NHS should be fully resourced to meet the increasing demands facing it and:-
   i) that privacy and patient safety is now being compromised to unacceptable levels;
   ii) finds it abhorrent that patients are being assessed and treated in hospital corridors due to lack of acute beds;
   iii) that the system is not providing doctors with the resources to fulfil their professional duty of care;
   iv) is concerned about the difficulties and pressures doctors face daily;
   v) that the NHS is no longer a safe place for patients or staff;
   vi) calls upon the BMA to promote wider public awareness about the impact of unsafe working conditions;
   vii) demands that the government develop a policy to adequately fund health and social care delivery that will prevent the destruction of our NHS.

10a **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting finds it abhorrent that in the 21st century patients are being assessed in hospital corridors while doctors and other clinical staff are being pushed to the brink and believes:-
   i) provision of safe care is now coming at the expense of patient dignity and privacy;
   ii) patient safety is now being compromised to unacceptable levels;
   iii) the system is not providing doctors with the resources to fulfil their professional duty of care;
   iv) radical thinking on future strategies for a publicly funded and delivered NHS is urgently needed.

10b **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting believes that the NHS should be fully resourced to meet the increasing demands and that the doctors should be able to practice safe medicine. They should not work beyond their capacity and safe limits and that in so doing avoid any harm to patients.

10c **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is concerned about the difficulties and pressures doctors face daily in an increasingly under-resourced and underfunded NHS, and calls upon the BMA to promote wider public awareness, engagement and communication about the impact of unsafe working conditions on the profession and patients.

10d **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is appalled that many patients are waiting more than 3 months for surgery due to underfunding of the NHS by successive governments and believes the NHS is no longer a safe place for patients or staff.
Motion by CONSULTANTS CONFERENCE: That this meeting asks the Secretary of State for Health & Social Care to acknowledge that, in the depth of the worst ever crisis to be faced by the NHS, the emergency care system is being sustained in the face of extraordinary adversity by the extreme efforts of frontline emergency department staff, including consultants in emergency medicine and those in other acute specialties, sometimes at the cost of consultants’ physical and mental health. This conference:

i) recognises that the extreme efforts of frontline consultants are unsustainable;

ii) demands that the Secretary of State for Health & Social Care takes immediate action to mitigate the damaging effects of working conditions in emergency departments on consultants and other healthcare workers;

iii) demands that the government develop an adequately funded policy for health & social care delivery that will prevent this crisis from destroying our NHS.

Motion by CITY & HACKNEY DIVISION: This meeting notes that Jeremy Hunt recently received an award for championing patient safety. On his watch bed occupancy is running at dangerously high levels, running as high as 99%. A bed occupancy rate above 85% is unsafe for patients and stressful for staff. On his watch there were 10,000 unexplained additional deaths in the first 10 weeks of this year. Contrary to the award for championing patient safety, this meeting believes that patient safety has deteriorated under this secretary of state for health and calls for his resignation.

Motion by ISLINGTON DIVISION: That this meeting notes that there were 10,000 extra deaths in the first 7 weeks of 2018. This meeting believes Jeremy Hunt can no longer pose as a champion of patient safety and calls for his resignation.

Motion by LONDON REGIONAL COUNCIL: That this meeting notes that Jeremy Hunt recently received an award for championing patient safety. It also notes that on his watch bed occupancy is running at dangerously high levels, thousands of elective operations have been cancelled at short notice and there were 10,000 unexplained additional deaths in the first 10 weeks of this year. This meeting believes that patient safety has deteriorated under this secretary of state for health and calls for his resignation.

Motion by NORTH EAST WALES DIVISION: That this representative body is concerned about the unacceptable workload on locum doctors working in GP surgeries managed by BCUHB trust in north Wales where a single doctor can have 5300 patients on the list and calls upon the Welsh Government to take active steps urgently to alleviate this work load.

Motion by LONDON REGIONAL COUNCIL: That this meeting notes that hospital bed occupancy rates have been running as high as 99% and that there is strong evidence that a bed occupancy rate above 85% is unsafe for patients and stressful for staff. The ARM insists that government follow its own recommendations and provide enough acute beds to avoid dangerously high levels of bed occupancy.
11 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY GWENT AND SOUTH POWYS DIVISION): That this meeting recognises that there is a chronic understaffing problem in the NHS and:

i) demands the detailed scoping of staffing levels of doctors is carried out individually across all the disciplines of healthcare in the UK to highlight the shortage;

ii) proposes the introduction of enforced and published safe staffing levels applicable to doctors in primary and secondary care;

iii) demands a universal, robust system by which doctors can immediately alert senior management to unsafe staffing and working conditions prior to, at the commencement of, or during any given shift;

iv) doctors should be allowed to refuse to cover the service when they feel it is unsafe.

11a Motion by GWENT AND SOUTH POWYS DIVISION: That this meeting demands the detailed scoping of shortfall of doctors is carried out individually across all the disciplines of healthcare in UK to highlight the shortage and to help in planning the safe and timely provision of adequate healthcare to patients, and acknowledge that there is insufficient manpower to maintain a ‘fit for purpose’ healthcare in much of UK.

11b Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting notes with concern recent events and proposes the introduction of enforced and published safe staffing levels applicable to doctors in primary and secondary care.

11c Motion by JUNIOR MEMBERS FORUM: That this meeting acknowledges variable accountability by NHS trust management for unsafe staffing and working conditions. This meeting therefore demands:

i) a universal, robust system by which doctors can immediately alert senior management to such circumstances prior to, at the commencement of or during any given shift; and;

ii) that this be prioritised by the 2018 junior doctors contract review.

11d Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting urges the NHS to put in place robust mechanisms to ensure that staff are not expected to work in unsafe settings. It recommends that in a process similar to that which already exists for A&E services, NHS Trusts are obliged to have written policies setting out minimum levels of safety, which if likely to be breached would trigger collaborative action with surrounding Trusts so that staff are not expected to work in unsafe conditions (as was the position for Dr Bawa-Garba) whilst maintaining access to safe services to the public in a defined geographical area.

11e Motion by LEWISHAM DIVISION: That this meeting is appalled that doctors are increasingly being asked to compromise their clinical decision making for the sake of service pressures. This includes requests to review and discharge inpatients earlier than planned, and to review patients early in clinic rather than admit them through Emergency Departments. Additionally, many are being asked to broaden their scope of practice due, for example, to an overwhelming number of general medical inpatients. We demand that the BMA urgently issue guidance that:

i) no doctor should be coerced into sending patients home when they feel they need to be admitted;
ii) no doctor should be asked to work outside their current skills/accreditation, and their views on the level of retraining required must be incorporated into any future job planning.

11f Motion by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that BMA should ensure that the:-
   i) rota gaps at all levels including consultant needs to be supported by BMA;
   ii) doctors should be allowed to refuse to cover the work when they feel it is unsafe.

11g Motion by ISLINGTON DIVISION: That this meeting deplores the fact that- despite the findings after Mid Staffs - we still do not have safe staffing levels. This meeting calls for minimum staffing levels to be established throughout the NHS and calls for the BMA to consider what action to take if safe staff staffing levels are not established and implemented by the end of the year.

11h Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes that the government is making much play of new resource and extra workforce for the NHS. It reminds both the public and politicians that the NHS is run by highly skilled professionals who take a long time to train and that for the foreseeable future expectations need to be downgraded from wants to needs simply because the current staff are exhausted, rotas are incomplete, and too many professionals are having to cut corners and work too many hours to maintain services. BMA council is instructed to investigate what adequate staffing levels with due regard to work-life balance would look like and to report back to the ARM.

* 12 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH WEST REGIONAL COUNCIL): That this meeting is seriously concerned at the number of doctors suffering from burnout and stress related to an unsafe workload burden and:-
   i) believes that tired and overworked doctors have an adverse effect on patient safety;
   ii) calls for a shift by the NHS to a culture that looks after the physical and mental health of its workforce, with occupational health services fully funded by Departments of Health;
   iii) insists that the Departments of Health indemnify all doctors for the associated reduction in patient safety;
   iv) deeply regrets the recent increase in lives lost to suicide from our profession and calls on the BMA to work with training and employing bodies to improve support for doctors working in a system under pressure.

12a Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that tired and overworked doctors have an adverse effect on patient safety, and calls for a shift by the NHS to a culture that looks after its workforce’s mental and physical health.

12b Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that the ongoing reduction in recruitment and retention of doctors is due to the toxic milieu created by this government, and insists that the Department of Health:-
   i) indemnifies all doctors for associated reduction in patient safety;
   ii) funds occupational health services to enable treatment of all doctors’ and medical students’ mental and physical health problems;
iii) funds dedicated psychotherapeutic services for all doctors and medical students; 
iv) undertakes a review of the causes and solutions of reduced job satisfaction.

12c **Motion** by SALISBURY DIVISION: That this meeting believes that tired and overworked doctors have an adverse effect on patient safety. And calls for a shift by the NHS to a culture that looks after its workforce’s mental and physical health.

12d **Motion** by SCOTTISH COUNCIL: That this meeting deeply regrets the recent increase in lives lost to suicide from our profession and calls on the BMA to work with training and employing bodies to improve support for doctors working in a system under pressure.

12e **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting recognises that doctors are patients too and have no wish to be treated by demoralised, depressed, disenchanted, disaffected doctors. We call on the government to address their concerns urgently.

12f **Motion** by YORKSHIRE RJDC: That this meeting believes that all workers and employees should be able to take sick leave to attend planned medical appointments and therefore asks the BMA to:-
   i) lobby employers to make this policy for all staff working for the NHS;
   ii) lobby parliamentarians to see this change enacted in UK employment law.

12g **Motion** by PENINSULA RJDC: That this meeting recognises that the current allowances for compassionate and bereavement leave do not accurately reflect the amount of time required and calls upon employing bodies to increase this allowance and provide greater flexibility when taking it.

12h **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the importance of work life balance to reduce the risk of burnout and promote good mental health. We call on the BMA to:-
   i) lobby the government and employers to reduce standard full time working hours for doctors in training to 40 hours a week in line with consultants and the UK national average; and;
   ii) lobby the government to offer flexible working for all NHS employees.

12i **Motion** by CITY & HACKNEY DIVISION: That this meeting notes there are problems reported with the working time directive (WTD) and length of shifts. After 12 hours doctors have been tested and behave as if they are drunk in terms of concentration and judgement. The doctors tested had no idea their judgement was impaired. Likewise with nurses, study has shown when shifts are increased from 8-12 hours, mistakes are increased by 200%. The problems arising from the WTD are not due to the WTD itself, but how it is implemented in the spread and length of shifts. The BMA to draw up recommendations on WTD in view of evidence to submit to HEE and other relevant bodies.
Motion by CONSULTANTS CONFERENCE: That this meeting believes that most errors in medical practice ultimately are due to failures in the complex systems of healthcare itself and therefore calls for:

i) government to stop blaming doctors for error resulting from system failures;
ii) government to support the no blame culture required to ensure that all errors are raised to allow systems to be changed to improve safety for patients;
iii) establishment of anonymous reporting systems for concerns about patient safety;
iv) appointment of 'Freedom to Speak Up Guardians' as recommended in the Francis Report.

Motion by ISLINGTON DIVISION: That this meeting notes that individual doctors are increasingly being punished for mistakes which involve system failures over which they have no control. We ask that:

i) the BMA draw up guidelines for safe working including safe staffing levels;
ii) the BMA issue clear guidance for members on how to deal with clinical situations which they believe to be unsafe;
iii) the BMA work with the GMC to address the problems of individual doctor blame in a chaotic system where doctors have little or no control over their working conditions.

Motion by NORTH WEST SASC: That this meeting demands introduction of an independent reporting system for (SAS) doctors to raise concerns about unsafe practices and system deficiencies in their workplace, without fear of reprisal; and a requirement on appropriate regulators to hold employers accountable to address these concerns.

Motion by N IRELAND (EASTERN) DIVISION: That this meeting believes that, to make real changes in the quality and safety of patient care, it is essential that there is more focus and importance attached patient outcomes and that this is actively supported using robust data collection.

Motion by N IRELAND (EASTERN) DIVISION: That this meeting believes that, as patient safety is paramount, there should be a no blame culture in the NHS.

Motion by ISLINGTON DIVISION: That this meeting notes that reference is frequently made to the excellent safety systems within the airline industry. It also notes that while a pilot may refuse to fly a plane they believe to be unsafe, a doctor can hardly refuse to engage with an unsafe clinical situation and calls on the BMA to consider how to protect doctors under these circumstances.

Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting mandates the BMA to formally collate expressions of concern around unsafe working forthwith, via a dedicated awareness campaign, and to submit these on behalf of the profession to the GMC as advocated by the CEO and chair of the GMC in January 2018.

Motion by N IRELAND (EASTERN) DIVISION: That this meeting believes that the BMA must take a bigger role in patient safety and provide leadership in this vital area as a champion of patient safety.
13b Motion by SCOTTISH COUNCIL: That this meeting recognises the benefits of collecting data from exception reports to identify and tackle problem areas in staffing, resourcing, and educational opportunity and calls on the BMA to work with the GMC, AoMRC, ATDG, and other stakeholders to create a UK wide system of reporting so doctors can flag similar issues when they occur, without having to wait for a significant event.

13i Motion by LEWISHAM DIVISION: That this meeting Freedom to Speak up Guardians are central to supporting junior doctors, SAS and Consultants in raising concerns in a timely and effective fashion. This meeting calls on the BMA to ascertain how many Trusts have these appropriately in place, and how effectively the system is working.

13j Motion by LONDON REGIONAL COUNCIL: That this meeting:
  i) recognises that workload now routinely outstrips medical staffing in many parts of the NHS. that there are significant systemic safety concerns and that staff are sometimes held individually accountable for systems failures;
  ii) we call upon council to establish an anonymous reporting system for NHS staff concerned about systemic failures in patient safety;
  iii) we call upon council to liaise with the GMC about protection of medical staff from being held accountable for systems failures;
  iv) we call upon council to take legal advice and initiate discussions with appropriate ministers about protecting doctors.

13k Motion by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to work with key stakeholders to:-
  i) appoint, and promote awareness of, a senior clinician in each workplace as a 'Guardian of Candour', with protected time and responsibility for receiving and acting upon concerns regarding patient safety or workplace culture and;
  ii) create protected, mandatory annual meeting time with the 'Guardian of Candour' for every NHS doctor.

NATIONAL HEALTH SERVICE  Monday 10.30 - 11.30

* 14 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY LONDON REGIONAL COUNCIL): That this meeting:
  i) is opposed to the introduction and imposition of insurance-based healthcare systems in the UK;
  ii) commends the BMA’s position of opposing accountable care organisations and integrated care systems operating within the current competitive framework in England;
  iii) calls for a collaborative universal healthcare system free from market forces and competition;
  iv) is concerned that healthcare systems are being created in the UK using non-statutory vehicles without appropriate parliamentary and public scrutiny;
  v) insists that there is full consultation with the medical profession, the public and parliamentary representatives on any new healthcare systems for the UK;
  vi) demands that any new UK healthcare systems are created only through primary legislation in parliament.
14a **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
i) has serious concerns over NHS England and DHSC plans to create STPs, ACSs, ICSs, ICPs and ACOs on the grounds that they are non-statutory vehicles which have not had the necessary parliamentary and public scrutiny;
ii) calls for NHSE to halt all STP, ACS, ICS, ICP and ACO plans until parliament has passed primary legislation.

14b **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting views with serious concern NHS England and DHSC plans to create STPs, ACSs, ICSs, ICPs and ACOs on the grounds they are non-statutory vehicles which have not had the necessary parliamentary and public scrutiny.

14c **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is concerned that STP and ACS/ACO implementation has been unacceptably opaque to date and:-
i) welcomes the High Court’s decision to allow a judicial review;
ii) should not go forward without parliamentary debate and appropriate changes in legislation;
iii) should not be used to disguise gross underfunding;
iv) should include meaningful debate with the public and the medical profession;
v) must demonstrate changes will improve patient care and sustainability.

14d **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
i) notes that Accountable Care Organisations (ACOs) are an American model, and many are run by corporate insurers on the same market lines as Health Maintenance Organisations (HMOs);
ii) is opposed to the imposition of ACOs into England’s NHS, as they would facilitate the construction of an insurance based healthcare system here;
iii) calls on the BMA to oppose the imposition of ACOs in whatever guise (PACs, MCPs, evolved STPs, “integrated care systems”);
iv) calls on the BMA to explain to members how they will lead to the establishment of a US style healthcare system in England;
v) calls on the BMA to work with the wider trade union movement to mobilise against the imposition of ACOs, e.g. by calling a national day of action to defend and restore the NHS on its 70th Anniversary, and stop it being Americanised;
vi) to call for a workers government with socialist policies to scrap the privatisation “transformation” and restore the NHS as founded; universal comprehensive publicly provided, free at the point of use, according to clinical need.

14e **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
i) is opposed to the imposition of American healthcare systems in England;
ii) calls for the BMA to launch a campaign against them culminating in a national march and rally on the 70th Anniversary of the NHS, to restore our NHS on founding principles.
14f Motion by TOWER HAMLETS DIVISION: That this meeting:-
i) has serious concerns over plans to create Sustainability and Transformation Partnerships, Accountable Care Systems, Integrated Care Systems, Integrated Care Partnerships and Accountable Care Organisations on the grounds that they are non-statutory vehicles which have not had the necessary parliamentary and public scrutiny;
ii) believes that such organisations, whatever they are officially called, are vulnerable to bids from the private sector;
iii) calls on the BMA to work with the wider trade union movement to campaign against the imposition of such organisations;
iv) calls on BMA members to stop cooperation with STP boards and actively oppose their plans;
v) deplores the spending of billions of pounds on so called “transformation” while the NHS front line has suffered its worst winter crisis in history and calls for “transformation” money to be diverted to front line care.

14g Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting welcomes the Health and Social Care Committee’s inquiry into Sustainability and Transformation Partnerships (STPs), Accountable Care Systems (ACSs) and Accountable Care Organisations (ACOs) and agrees that:-
i) the implementation of ACO contracts should be delayed until the committee can hear evidence and;
ii) a national consultation on the draft ACO contract by NHS England should be completed before any ACO contracts are awarded.

14h Motion by SCUNTHORPE DIVISION: That this meeting regrets the continued lack of engagement with GPs and hospital doctors in the work 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, even at this late stage, at the beginning of any new initiatives to improve health care for the population we care for.

14i Motion by SCUNTHORPE DIVISION: That this meeting is concerned at the speed with which Accountable Care Organisations and Alliance Contracting Organisations are being formed with little or no consultation with the public or with their elected local representatives and requests the BMA to lobby the government to ensure that the public can have comment on how their local health services should be developed.

14j Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned at the speed with which Accountable Care Organisations and Alliance Contracting Organisations are being formed with little or no consultation with the public or with their elected local representatives and requests the BMA to lobby the government to ensure that the public can have comment on how their local health services should be developed.

14k Motion by HOLLAND DIVISION: That this meeting insists government ensures that there is meaningful dialogue with patients and patient organisations regarding proposals for Accountable Care Organisations and Sustainable Transformation Plans prior to any implementation.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting has grave concerns concerning the move to fully integrated ACOs which would be incompatible with the GP independent contractor status and believes:-
  i) GPs must be totally engaged because of the link between ACOs and the registered practice list;
  ii) CCGs must demonstrate the initial support of GPs before commissioning an ACO.

Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting is concerned that many regional STPs have failed to properly engage with their local medical workforces, believing that GPs and hospital doctors will accept plans made by managers that will have a long-term effect on their working patterns, and asks the BMA to ensure that the profession is properly consulted, even at this late stage, at the beginning of any new initiatives to improve health care for the population we look after.

Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting condemns STPs, ACSs and ICSs for not engaging hospital consultants and GPs in planning patient care in the region. We call upon the health secretary and the government to issue a directive to STPs, ACSs and ICSs to engage front-line clinicians, including consultants and GPs, to design the best care for the patients.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes there is no need for Accountable Care Systems/Accountable Care Organisations/Integrated Care Systems for integration of care to take place and calls on the BMA to oppose them and campaign against them.

Motion by EDGWARE & HENDON DIVISION: That this meeting commends that BMA’s position of opposing accountable care organisations and integrated care systems operating within the current competitive NHS framework in England, and calls instead for a collaborative healthcare system which is free from market forces and competition.

Motion by HOLLAND DIVISION: That this meeting is concerned about threats posed to provision of, and accessibility of, services which result from implementation of Accountable Care Organisations.

Motion by CONFERENCE OF LMCS: That this meeting with respect to Sustainability Transformation Partnerships (STPs) condemns:-
  i) them as a thinly disguised vehicle for the privatisation of the NHS and the introduction of savage cuts to health and social care;
  ii) the fees paid to private consultants that support the process.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that it is the intention of NHS England to privatisate the NHS:-
  i) with connivance of the government by integration of organisations based on commercial “cooperation” and;
  ii) asks the BMA to oppose this by all means possible;
  iii) the BMA to condemn the potential integration as it will not allow legal perusal of the arrangement and;
  iv) result in greater privatisation of the NHS.
14t **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-

i) notes that the job of the 44 non-statutory STP partnership boards is to expedite NHSE’s FYFV, make £26bn cuts, rundown DGHs and GP surgeries, facilitate the imposition of US style ‘New models of care’ (MCPs, PACs), create local downgraded workforces, fuse health and social care and sell off billions of NHS assets to fund the infrastructure for ACOs to be run by private companies;

ii) calls on our members to stop cooperation with STP boards and actively oppose their plans.

14u **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting regrets the establishment of 44 separate authorities—under Sustainability and Transformation Partnerships (STPs)—

i) whose aim was to define best model of care in each local area with the best value for money and increase integration between providers but;

ii) in practice appears to institute further cuts in expenditure and;

iii) are being converted into Accountable Care Organisations (ACOs) by statutory order to allow contracts to be offered to private companies and perpetuate the privatisation of the NHS which has been demonstrated to be so costly and uneconomic.

14v **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting calls on the BMA to continue to condemn Accountable Care Organisations (ACOs) which can authorise long-term contracts to be held by a single private company which can decide which services are to be free and which free and which will be means tested allowing de facto privatisation.

14w **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting deplores the wasted time, effort and resources from both management and clinicians, when involved with politically driven initiatives, for example Accountable Care Organisations, and demands that:

i) initiatives should be adequately funded and not adversely impact on the functioning of any local health economy;

ii) there should be transparency as to cost and opportunity;

iii) the DHSC abandon sound bite policy making and follow evidence based strategies;

iv) adequate time is allowed for developments instead of rapid changes of direction.

14x **Motion** by ENFIELD AND HARINGEY DIVISION: The meeting notes that Accountable Care Organisations (ACOs) are an American model, and many are run by corporate insurers on the same market lines as Health Maintenance Organisations (HMOs). This meeting is opposed to the imposition of ACOs into England’s NHS, as they would facilitate the construction of an insurance based healthcare system here. This meeting calls on the BMA:-

i) to oppose the imposition of ACOs in whatever guise (PACs, MCPs, evolved STPs);

ii) to explain to members how they will lead to the establishment of a US style healthcare system in England;

iii) to work with the wider trade union movement to mobilise against the imposition of ACOs, e.g. by calling a national day of action to defend and restore the NHS in its 70th Anniversary, and stop it being Americanised;

iv) to call for a workers’ government to scrap the privatisation “transformation’ and restore the NHS as founded; universal comprehensive publicly provided, free at the point of use, according to clinical need.
14y Motion by ENFIELD AND HARINGEY DIVISION: That this meeting notes that the job of
the 44 non-statutory STP partnership boards is to expedite NHSE’s FYFV, make £26bn
cuts, rundown DGHs and GP surgeries, facilitate the imposition of US style ‘New
models of care’ (MCPS, PACs), create local downgraded workforces, fuse health and
social care and sell off billions of NHS assets to fund the infrastructure for ACOs to be
run by private companies.

14z Motion by ENFIELD AND HARINGEY DIVISION: That this meeting is opposed to the
imposition of American healthcare systems in England. It calls for the BMA to launch a
campaign against them culminating in a national march and rally on the 70th
Anniversary of the NHS in July, to restore our NHS on founding principles.

14aa Motion by LONDON REGIONAL COUNCIL: That this meeting:
   i) notes that Scotland has abandoned the “internal market” in health care and has
      introduced regional NHS Boards responsible for protecting and improving the
      population’s health and for the delivery of medical care;
   ii) calls upon council to lobby for a similar, NHS-delivered approach in England and
      Wales and for rejection of the ACO/ICS model unless it is legally ring-fenced from
      privatisation.

14bb Motion by LONDON REGIONAL COUNCIL: That this meeting:
   i) recognises that Scotland is not subject to the Health and Social Care Act (2012), has
      health boards which are responsible for protecting and improving the population’s
      health and for publicly delivering health care;
   ii) calls upon council to lobby for such health boards in England and Wales rather than
      Accountable Care Organisations.

* 15 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY NORTH EAST REGIONAL
COUNCIL): That this meeting is concerned that Accountable Care Organisations will
make it easier for large private companies to take over and profit from huge areas of
English healthcare and demands:
   i) full consultation from the very onset with healthcare professionals and patients;
   ii) that all proposals must be evidence based and properly funded;
   iii) that any change must be clinically led with patient care and not financial savings
      being the prime driver;
   iv) assurances from the Department of Health and Social Care and NHS England that all
      doctors working within ACOs will be employed on national terms and conditions.

15a Motion by NORTH EAST REGIONAL COUNCIL: That this meeting strongly advocates
that ACOs must be developed in an open and transparent way and demands:
   i) full consultation from the very onset with healthcare professionals and patients;
   ii) all proposals must be evidence based and properly funded;
   iii) any change must be clinically led with patient care and not financial savings being
      the prime driver;
   iv) assurances from the Department of Health and Social Care and NHS England that all
      doctors working within ACOs will be employed on national terms and conditions.
15b Motion by SOUTH TYNESIDE DIVISION: That this meeting is of opinion that clinical services review under STP/ACO should not affect the quality of clinical care delivery and it should be clinically led based on facts and figures of patient care outcome.

15c Motion by CONFERENCE OF LMCS: That this meeting notes the many ambitious plans to move towards Accountable Care Systems or organisations and believes that it is vital that GPC England and LMCs work to ensure that:
   i) the general practice registered list is a fundamental building block of all such systems;
   ii) new arrangements do not threaten the continuity of contracts to provide general practice care;
   iii) GPs are not constrained in their ability to speak with independence and integrity.

15d Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that Accountable Care Systems/Accountable Care Organisations/Integrated Care Systems will make it easier for large private companies to take over and profit from huge geographical areas of English healthcare across primary/secondary/tertiary/community sectors and calls on the BMA to oppose their formation.

* 16 Motion by CITY & HACKNEY DIVISION: That this meeting:
   i) is critical of the lamentable performance of Capita plc, now being investigated by the Public Accounts Committee in parliament;
   ii) notes that this outsourcing company, holding £1 billion of NHS contracts, which includes Primary Care Support Services, issued a profit warning on 31 January 2018, raising the possibility of another Carillion crash;
   iii) urges the BMA to lobby the government to avoid such massive private NHS outsourcing, which not only risks jeopardising multiple NHS services, but when foundering can cause massive disruption of jobs and services, and lead to an inevitable bail-out from public funds.

16a Motion by BUCKINGHAMSHIRE DIVISION: That this meeting demands assurances from Health Secretary that NHS projects and services put in jeopardy by the collapse of Carillion will receive special attention and the provision of additional central funding.

* 17 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY PUBLIC HEALTH CONFERENCE): That this meeting notes the introduction of requirements for patients to prove their eligibility for NHS treatment. This meeting:
   i) believes that NHS Trusts may be inappropriately denying NHS treatment on these grounds;
   ii) strongly condemning the denial of treatment of patients with longstanding legal residency due to a lack of documentation;
   iii) believes this causes distress and potential harm to patients;
   iv) calls on the BMA to lobby for NHS care to be provided to all long-term residents;
   v) calls for requirements to be simplified and brought in line with actual eligibility criteria.
17a **Motion** by PUBLIC HEALTH CONFERENCE: That this meeting notes the recently introduced requirements for patients to prove they are eligible for NHS secondary care. This meeting:-
   i) believes that the requirements as implemented by many NHS Trusts frequently exceed the statutory requirements for eligibility, so that people who are eligible for NHS treatment are denied it, or told they must pay for it;
   ii) believes that these requirements cause distress to many patients who are eligible for treatment, discouraging some from coming forward for treatment – or doing so late, when it is harder (and more costly) to treat their condition;
   iii) calls for the requirements to be greatly simplified and brought in line with the actual eligibility criteria in the regulations.

17b **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
   i) notes that a patient of the Royal Marsden hospital, resident in this country for 44 years, has recently been denied cancer treatment because he has no documentary proof of residency;
   ii) condemns the withholding of vital care while this bureaucratic problem is resolved;
   iii) calls on the government to continue to provide NHS care to those who have grown up in this country and who now find themselves ineligible because of hardening immigration rules.

17c **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
   i) notes that Albert Thompson was asked to pay £54000 before he could receive NHS treatment for his prostate cancer, and that this illustrates that charging regimes cannot distinguish between residents and overseas visitors;
   ii) deplores charging of migrants for NHS care;
   iii) insists that doctors are not border guards and that the BMA will support all members who decline to take part in procedures to determine a patient’s immigration status;
   iv) believes that the NHS would collapse without overseas migrants;
   v) calls on the BMA to lobby government to abolish charges for migrants.

17d **Motion** by LEWISHAM DIVISION: That this meeting notes with horror the case of a patient at The Royal Marsden Hospital who has been denied cancer treatment because of inadequate documentary proof of his long-term residency, and notes that many of those who came to this country as children/young people will be in a similar situation. This ARM calls on the BMA to lobby energetically to ensure that NHS care is provided to long term residents of the UK, which is currently being denied due to changes in the evidential requirements.

18 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting:-
   i) recognises autism as an important health concern in children and adults, affecting more than 1% of the UK population;
   ii) is disappointed by the disparity in waiting times for referral, assessment and diagnosis of autism;
   iii) supports our government’s commitment to collect and publish autism diagnosis waiting times;
   iv) calls upon NICE for clear guidance on the acceptable waiting times from referral to diagnosis when suspecting autism;
v) calls upon our government for more funding to ensure national standards on autism care are met.

* 19 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting, in light of increased rationing by CCGs which denies or defers certain treatments and interventions requests BMA council to lobby NHS England and other Health Departments to establish both uniform criteria and a uniform process across the country for approving elective surgical procedures so as to abolish the present post code lottery.

19a **Motion** by CONSULTANTS CONFERENCE: That this meeting rejects the precept behind policies such as 'Procedures of Low Clinical Value' as currently deployed by commissioners. This conference believes that such policies serve no purpose other than to ration demand for popular surgical interventions, and sit in direct conflict with Good Medical Practice. It asks the BMA to confirm that such policies need not be recognised or executed by clinicians in the course of their direct clinical or supportive professional practice and that it will support members who may have been sanctioned by doing so.

19b **Motion** by CITY & HACKNEY DIVISION: That this meeting notes that London Choosing Wisely is a Pan-London plan to restrict procedures beyond NICE guidelines such as hip and knee replacements, arthroscopy, shoulder decompression, cataracts, varicose veins. NHS London states this will eliminate post code lottery of care. London Choosing Wisely is attempting to equalise treatment to levels seen in CCGs with the lowest provision of services. NICE is the body which sets recommendations for treatment, the BMA must question how 'London Choosing Wisely' can over-ride NICE guidelines and campaign against cost driven cuts not based on clinical need.

19c **Motion** by TOWER HAMLETS DIVISION: That this meeting:
   i) believes that programmes such as “London Choosing Wisely” are a cover for rationing NHS care;
   ii) believes that the way to ensure equity of access to treatments is to fund the NHS properly;
   iii) calls on the BMA to oppose such programmes and to continue to lobby for the NHS to be funded in line with other comparable countries.

A 20 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting would like private providers to sign up to the recommendations of privatisation and independent sector provision in the NHS outlined in the BMA report in 2018.

A 21 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting is opposed to a UK-US trade deal facilitating US corporations getting NHS public sector contracts in England.

A 22 **Motion** by LONDON REGIONAL COUNCIL: That this meeting supports the national day of protest and celebration on 30th June 2018 in commemoration of the 70th Birthday of the NHS organised by Health Campaigns Together, the TUC, the heath unions and the People’s Assembly.

A 23 **Motion** by CALDERDALE DIVISION: That this meeting believes that private companies should not be permitted to use the NHS logo and call upon the BMA to ask the government to protect the NHS Logo.
A 24 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all governments of the UK to ensure there are adequate chronic pain services to support primary care management of patients with chronic long term conditions, to provide support to decreasing opioid consumption in this cohort and to teach patients strategies to decrease their pain experience.

**MEDICINE AND GOVERNMENT**

Monday 11.30 - 12.00

* 25 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting believes that the recurrent and increasing winter crisis in the NHS is totally unacceptable and urgent steps must be taken to provide adequate and safe patient care.

25a **Motion** by CITY & HACKNEY DIVISION: That this meeting notes that winter occurs every year. Tens of thousands of elective operations were cancelled earlier this year because of the ‘winter crisis’. The meeting calls on the government to avoid distress to patients and staff by planning accordingly for winter and funding enough beds and staff for the winter months.

25b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes that winter is predictable, the winter crisis is predictable, and the inept and inadequate response of the Secretary of State for Health and the Prime Minister is also predictable. We ask the BMA to demand proper annualised planning from NHS England for future seasonal variations in health and social care demands, without the government resorting to drastic measures such as cancellation of elective operations.

25c **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes that tens of thousands of elective operations were cancelled earlier this year because of the ‘winter crisis’. This meeting believes that winter comes around every year, and calls on the government to avoid distress to patients and staff by planning accordingly.

25d **Motion** by NORTH EAST WALES DIVISION: That cancelling over 40000 planned operations nationally is an unacceptable way of running a national health service.

* 26 **Motion** by EDGWARE & HENDON DIVISION: That this meeting calls for repealing the competition regulations in the Health and Social Care Act which is wasting significant sums of monies in procurement processes, fragmenting care and destabilising NHS providers through accelerating private sector provision.

26a **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting believes that the provision of contracts to manage clinical services by profit-making companies:-
   i) risks destabilising local health economies;
   ii) exposes services to increased risk;
   iii) gives no benefit to patients;
   iv) should cease.
Motion by TOWER HAMLETS DIVISION: That this meeting:-
i) believes that the Prevent programme leads to racial profiling;
ii) calls on the BMA to support all members who refuse to take part in the Prevent programme.

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.

Motion by WEST MIDLANDS RJDC: That this meeting believes the current system of funding for equipment and support for doctors with disabilities and health needs is confusing, inefficient and unfair to the doctors affected. This meeting therefore:-
i) call on the JDC to lobby relevant stakeholders to implement a fair and efficient system to provide funds for equipment and support for doctors with disabilities and health conditions;
ii) believes that health education bodies urgently tackle this issue by mandating training providers have a rapidly accessible fund from which Access to Work Equipment can be paid;
iii) believes that equipment provided should be held by a doctor for the duration of their training irrespective of their employer;
iv) believes that specialised or personalised equipment such as a wheelchair or adapted hearing aid should be transferred with the doctor even if they move to another region or nation of the UK;
v) believes that funding should cover the costs of all equipment required by Access to Work.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting is appalled and highlights the moral blackmail of doctors by local authorities such as Northamptonshire County Council in their refusal to pay doctors under the collaborative fee arrangements for their work undertaken at the request of county council employees or their agents. It instructs the BMA council to mount a campaign clarifying that collaborative fee payments are not optional and to consider and take all appropriate legal steps necessary to secure the large sums of money outstanding to doctors.
COMMUNITY AND MENTAL HEALTH

Monday 14.00 - 14.30

33 **Receive:** Report from the BMA committee on community care chair (Ivan Camphor).

* 34 **Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY MANCHESTER & SALFORD DIVISION):** That this meeting welcomes the recent increase in funding for perinatal mental health, however remains concerned about the current level of services and calls for:-
   i) no mother and baby to be separated for lack of beds in their area;
   ii) a medical professional to be involved in planning appropriate care for the mother, where a baby is removed by social services;
   iii) the BMA to work with stakeholders to develop guidelines on best practice in supporting mothers’ who have their babies removed;
   iv) local authorities to ensure that there are appropriate support services available for mothers who have their babies removed.

34a **Motion by MANCHESTER & SALFORD DIVISION:** This meeting welcomes the recent increase in funding for perinatal mental health services but notes that there is wide variation in provision across England and Wales and that more could be done to reduce the stigma that this group of mothers face. This meeting, therefore, believes that:-
   i) no mother and baby should ever be separated for lack of a bed in their area;
   ii) where a baby is removed by social services either due to no bed being available or because of the severity of mental illness meaning it would be unsafe to keep mother and baby together a medical professional must always be involved in planning appropriate care for the mother;
   We, therefore call on:-
   i) the BMA to work with stakeholders such as the DH, RCPsych, RCGP, RCOG, RCPCH and Royal College of Midwives to develop guidelines on best practice in supporting mothers who have babies removed, ensuring they have the right support and improving training for staff involved with these mothers and babies;
   ii) local authorities to ensure that there are appropriate post-removal support services available for mothers who have had a baby removed from their care.

34b **Motion by MANCHESTER & SALFORD DIVISION:** That this meeting welcomes the recent increase in funding for perinatal mental health services but notes that there is wide variation in provision across England and Wales and that more could be done to reduce the stigma that this group of mother’s face.
Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY CONSULTANTS CONFERENCE): That this meeting calls on the Department of Health to ensure that the impending review of the Mental Health Act for England and Wales is underpinned by the following principles:

i) parity for mental and physical health;
ii) the Responsible Clinician for any detained patient must be suitably experienced in treatment of both mental and physical disease;
iii) the Act must seek to remove discriminatory elements for detained black and minority ethnic patients;
iv) conditions for applying Community Treatment Orders must be strengthened to prevent overuse;
v) appeals and Tribunals must be robust, protect patient’s rights, and be appropriately funded with adequate time and resources for clinician involvement.

Motion by CONSULTANTS CONFERENCE: That this meeting calls on the Department of Health to ensure that the impending review of the Mental Health Act for England and Wales is underpinned by the following principles:

i) parity for mental and physical health;
ii) the Responsible Clinician for any detained patient must be suitably experienced in treatment of both mental and physical disease;
iii) the Act must seek to remove discriminatory elements for detained black and minority ethnic patients;
iv) conditions for applying Community Treatment Orders must be strengthened to prevent overuse.

Motion by CONSULTANTS CONFERENCE: That this meeting calls on the BMA to lobby the Department of Health to ensure that, with respect to any new mental health legislation in England and Wales:

i) the Appeals and Tribunals are robust, and protects patients’ rights;
ii) clinicians involved in Appeals and Tribunals have adequate time and resources to meet the requirements of the process;
iii) adequate funding is provided in primary and secondary care for implementation.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting has grave concern that a new Mental Health Act for England and Wales will not be adequately resourced both in mental health and primary care services, and when enacted it will add to the burgeoning crisis in mental health services.

Motion by SOLIHULL DIVISION: That this meeting calls upon the government to urgently address mental health care for adolescents (CAMHS) and 16 to 18-year-olds and establish clearer national standards of care for commissioners. These standards should include effective care after the age of 18 years.
37 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY BURTON AND DISTRICT DIVISION): That this meeting calls on the UK governments to:-
   i) establish Royal Commissions to make recommendations on funding the NHS, social care and public health;
   ii) confirm the NHS is based on the original principles of Bevan;
   iii) ensure the NHS meets the needs of its patients;
   iv) ensure the workforce and funding of services are commensurate with the demands made on them;
   v) remove the strategy and administration of the NHS from direct political control.

37a Motion by BURTON AND DISTRICT DIVISION: That this meeting supports the call for a parliamentary commission on funding the NHS, social care and public health.

37b Motion by NORTHERN IRELAND COUNCIL: That this meeting calls on the UK government to reset the NHS so that:-
   i) it is based on its original Bevanite principles;
   ii) it meets the needs of its patients;
   iii) its strategy and administration are outside direct political control;
   iv) its workforce and funding are commensurate with the demands of patients;
   v) a Royal Commission be appointed to make recommendations for the NHS for issues such as funding and transformation of the service.

37c Motion by SCUNTHORPE DIVISION: That this meeting expresses its concern over the continuing funding crisis in the NHS (despite the alleged £6B budget announcement) and calls on the government to radically review the health service funding to avoid Spring, Summer, Autumn and Winter crises.

37d Motion by EDGWARE & HENDON DIVISION: That this meeting notes the current chronic state of crisis the NHS is in and calls for:-
   i) an independent commissioned review to consider the long-term funding requirements of the NHS;
   ii) ending annual budgetary balance requirements so that the NHS can be enabled to forward plan and invest to save.

37e Motion by NORTH EAST REGIONAL COUNCIL: That this meeting condemns the lack of funding and adequate preparation that led to the recent severe winter crisis in the health service which led to unsustainable, unsafe patient care and now demands a cross-party Parliamentary commission be urgently set up to solve the serious funding crisis.

37f Motion by RETIRED MEMBERS CONFERENCE: That this meeting calls on the government to set aside party politics and establish a Royal Commission with terms of reference to urgently report on the NHS in England – including, but not limited to: the structure, funding and sustainability of the NHS; what healthcare the NHS should provide; what rules and regulations should be applied for the necessary prioritisation of demand and rationing of resources.
37g Motion by BUCKINGHAMSHIRE DIVISION: That this meeting cautions that the Local Council underfunding by central government is the next time bomb hazard for social care and the NHS. The BMA must alert the public.

* 38 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY ROTHERHAM DIVISION): That this meeting believes that in order to provide the necessary funding for the NHS:-
   i) taxation should be increased;
   ii) rates of income tax should be increased.

38a Motion by ROTHERHAM DIVISION: That this meeting believes that the UK government should raise taxation to increase funding for the NHS.

38b Motion by LOTHIAN DIVISION: That this meeting calls for rises in the rates of income tax within all four nations of the UK in order to provide the necessary funding for the National Health Service(s).

38c Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting supports:-
   i) the democratic principle of payment for the NHS by direct payment from taxation and;
   ii) rejects a policy of market competition and privatisation which results in large costs annually via transactional costs of the market, PFI payments and consultancy fees.

* 39 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY GLOUCESTERSHIRE DIVISION): That this meeting, in the light of the current resource and funding crisis in the NHS:-
   i) calls on the BMA to encourage the government to consider alternative means of funding the NHS;
   ii) calls on the BMA to lobby for alternative funding streams for social care;
   iii) believes co-payments from patients should be considered.

39a Motion by GLOUCESTERSHIRE DIVISION: That this meeting calls on the BMA to encourage the government to consider alternative means of funding the National Health Service in view of the difficulties in achieving adequate funding through direct taxation.

39b Motion by BUCKINGHAMSHIRE DIVISION: That this meeting anticipates a further crisis for the NHS as a consequence of the cuts in central governments support for local councils resulting in their finances becoming so precarious that social care provision is decimated and:-
   i) calls on BMA council to highlight the knock-on effect this will have on the NHS;
   ii) calls on BMA council to lobby for alternative funding streams.

39c Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting believes that denial of NHS healthcare through covert rationing is now so endemic, that it has become regrettably necessary to consider co-payments for NHS clinical services to re-establish adequate provision.
39d 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.

39e Motion by SCUNTHORPE DIVISION: That this meeting believes that the provision of treatments not available on the NHS should nevertheless be available to patients who wish to top up their care with cash payments from wherever they source the funds.

* 40 Motion by LONDON REGIONAL COUNCIL: This meeting:
   
i) opposes the proposition of the Naylor report that NHS land and property be sold off to the private sector;
   
ii) calls upon regional councils to oppose local instances where this is proposed and to work with local campaigns.

40a Motion by CITY & HACKNEY DIVISION: That this meeting is alarmed by the imperatives of the Naylor Review 2017. The Naylor Review dictates that there should be a rushed sale of valuable NHS estate land and buildings, with financial incentives for Trusts which sell quickly. Before there is any sale of NHS estate, a 15 year NHS estates strategy must be devised, and land and buildings identified in this strategy must be safeguarded. Any receipts from sales must be used to purchase other land and buildings needed for patient care and to fund other capital projects, including primary care facilities, for the NHS. Investment should include the provision of affordable rented accommodation for NHS staff in all areas where a shortage or adverse pricing of housing makes the recruitment and retention of NHS staff difficult.

40b Motion by LONDON REGIONAL COUNCIL: That this meeting:
   
i) notes the Naylor plans to raise £10bn for “transformation” investment in the US style “new models of care”, by sales of NHS estate, PFI Mark 2s, and Treasury money;
   
ii) this meeting opposes the Naylor plans.

40c Motion by ENFIELD AND HARINGEY DIVISION: That this meeting notes the Naylor plans to raise £10bn for “transformation” investment in the US style “new models of care, by sales of NHS estate, PFI Mark 2s, and Treasury money. This meeting opposes the Naylor plans.

40d Motion by LONDON REGIONAL COUNCIL: That this meeting notes that the Naylor report demonstrated that the use of Capital Charges to ensure hospitals used their land to the best advantage has failed since it was introduced in 1990. calls on the BMA to lobby government to scrap these charges from one government department to another which would reduce bureaucracy and help the finances of hard pressed trusts.

41 Motion by SHROPSHIRE DIVISION: That this meeting is concerned about the wide disparity in access to care experienced by UK patients. This meeting:
   
i) calls for a review of the impact of centres of excellence and super-specialisation on patients living in the more remote parts of the United Kingdom;
   
ii) insists that NHS funding allocation formulae recognise rurality as well as inner city deprivation.
WORKFORCE

Monday 15.20 - 16.10

* 42 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY RETIRED MEMBERS CONFERENCE): That this meeting is alarmed by the untimely exodus of doctors from the NHS and:-
   i) asks the BMA to do a survey of the morale of doctors which seems to be deteriorating all the time;
   ii) calls upon the government to urgently address the low morale and burnout in all parts of the NHS;
   iii) asks the BMA through the Departments of Health and National Health Services to seek to better retain doctors.

42a Motion by RETIRED MEMBERS CONFERENCE: That this meeting is concerned that more and more doctors are joining the ranks of the retired prematurely due to low morale and burnout, and urges the government to address this issue urgently and realistically.

42b 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.

42c Motion by NORTH EAST REGIONAL COUNCIL: That this meeting acknowledges that low morale is now endemic right across the profession and believes:-
   i) solutions to rota and staffing gaps and long-standing vacancies in primary care are getting worse and must be urgently addressed;
   ii) the government needs to make a fundamental change to the way the NHS is funded and staffed;
   iii) there now needs to be a long-term solution to the staffing and funding pressures facing the NHS.

42d Motion by CONSULTANTS CONFERENCE: That this meeting asks the BMA through the DH and NHSE to seek to better retain older doctors as many such doctors have considerable contributions to make to NHS clinical activity, teaching, research and leadership at a time when services are under great stress. However currently many such older doctors are increasingly retiring from GP and secondary care for a variety of reasons.

42e Motion by SCUNTHORPE DIVISION: That this meeting is concerned that more and more doctors are joining the ranks of the retired prematurely due to low morale and burnout and urges the government to address this issue urgently and realistically as the promise of 5000 more GPs and increased numbers admitted to medical schools in the UK this year will have no effect at all on the medical crisis we face in this country.

42f Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting asks the BMA to do a survey of the morale of the doctors which seems to be deteriorating all the time and is perhaps at tipping point. This data will be useful to demonstrate that there is a need for urgent action ask the DHSC and other relevant parties to act on schemes to reduce the stress on all doctors, and particularly seek to retain older doctors who plan to retire. These doctors have considerable contributions to make to NHS clinical activity, teaching, research and leadership at a time when services are under great stress.
42g **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting is alarmed by the high numbers of young doctors leaving the NHS. This is a considerable waste of UK resources and we ask for urgent government action to minimise this.

42h **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting recognises the benefits of retirement to the individual doctor but expresses extreme concern that the whole environment in clinical medicine encourages early retirement and this is to the detriment of the health service and undermines the morale of those doctors and nurses who are left behind to cope with the inadequacies of the NHS. This meeting urges the BMA to prevail on the government to listen to the voices of the profession and act decisively to resolve these serious issues and retain its dedicated workforce.

42i **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that doctors workload has reached an unacceptable level and calls upon the BMA to:-
  i) collate the various workload surveys it carries out and;
  ii) publish this as a single document;
  iii) resolve the crisis in the medical profession with the untimely exodus of doctors before they reach the age of 40.

42j **Motion** by RETIRED MEMBERS CONFERENCE: 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 its dedicated staff and encouraging those who are demoralised and have resigned early to return to productive work in the NHS.

42k **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
  i) notes with concern that nearly 4,000 general practitioners have retired in the past 4 years, and that the number taking early retirement is accelerating;
  ii) believes escalating workloads, year-on-year pay cuts, pension raids and prejudicial tax regimes are likely to increasingly cause senior doctors to retire early over the next few years from both general and hospital practice;
  iii) calls upon the BMA to urgently prioritise the retention of senior general practitioners and hospital doctors.

* 43 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY ENFIELD AND HARINGEY DIVISION): That this meeting notes that the NHS has a drastic shortage of doctors and:-
  i) insists that the government address the central issue of workforce planning instead of attempting to populate the workplace with alternatives to trained doctors;
  ii) believes this drastic shortage is dangerous to patients, as non-doctors are put in the position of taking decisions they are not qualified to make;
  iii) instructs the BMA to seek comprehensive data annually on workforce planning for junior doctors and Extended Role Practitioners in the UK;
  iv) calls on the BMA to urgently insist that government end the scandal of rota gaps and shortages of doctors by employing more doctors in the NHS;
  v) calls on the BMA to oppose the development and expansion of Medical Associate Professionals (MAPs) in place of trained doctors.

43a **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting notes that the NHS has a drastic shortage of doctors, yet the government is committed to lowering skill
mix with the expansion of non-medically qualified, non-registered ‘roles’, as cheap doctor substitutes. This meeting:—

i) believes this is dangerous to patients, as non-doctors are put in the position of taking decisions they are not qualified to make;
ii) threatens junior doctors’ training and employment;
iii) calls on the BMA to urgently insist that government end the scandal of rota gaps and shortages of GPs and consultants by employing more doctors in the NHS;
iv) calls on the BMA to oppose the development and expansion of doctor substitute roles such as Medical Associate Professionals (MAPs).

43b Motion by NORTH EAST LONDON DIVISION: That this meeting notes that, in view of the implications of successive white papers, and despite government claims to the contrary, the supply of doctors does not match the demand, and insists that the government address the central issue of workforce planning instead of attempting to populate the workplace with alternatives to trained doctors.

43c Motion by YORKSHIRE RJDC: That this meeting believes that HEE (Heath Education England) must release transparent and comprehensive data annually on their workforce planning for junior doctors and ERPs (extended role practitioners) in the UK. It therefore instructs the BMA to seek disclosure of this data, submitting a Freedom of Information request if necessary.

43d Motion by NORTH EAST LONDON DIVISION: That this meeting is alarmed at increasing government attempts to populate primary and secondary care with poorly trained support staff in the provision of clinical duties and demands that the government pay due attention to issues of training, experience and clinical governance.

43e Motion by LONDON REGIONAL COUNCIL: That this meeting:—

i) notes that the NHS has a drastic shortage of doctors, yet the government is committed to lowering skill mix with the expansion of non-medically qualified, non-registered ‘roles’, as cheap doctor substitutes;
ii) believes this is dangerous to patients, as non-doctors are put in the position of taking decisions they are not qualified to make;
iii) threatens junior doctors’ training and employment;
iv) calls on the BMA to urgently insist that government end the scandal of rota gaps and shortages of GPs and consultants by employing more doctors in the NHS;
v) calls on the BMA to oppose the development and expansion of doctor substitute roles such as Medical Associate Professionals (MAPs).

43f Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is appalled by the increase in the volume of work confronting trainee doctors resulting from lack of money to employ sufficient medical and nursing staff in GP and hospital practice resulting in tiredness and fatigue which impairs judgement and has limited training.
* 44 **Motion** by HOLLAND DIVISION: That this meeting, with respect to the development of medical associate professionals, asks the government to:-
  i) ensure appropriate regulation of the role;
  ii) ensure there are clear lines of accountability;
  iii) ensure that there is clarity between the role and that of nurses;
  iv) address any unfair disparity of salary scales between the role and medical trainee posts.

44a **Motion** by CONSULTANTS CONFERENCE: That this meeting:-
  i) acknowledges the value to patients of drawing high quality non-medical graduates into the NHS;
  ii) believes that training of Physician’s Associates must not reduce the training available to junior doctors;
  iii) asks the BMA to work closely with the relevant Royal Colleges, educational institutions and regulatory bodies to ensure that Physicians Associates and similar roles support doctors.

44b **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes the growing numbers of both Medical Associate Professionals (MAPs) and Extended Role Practitioners (ERPs).
  i) calls upon the BMA to lobby the appropriate regulatory bodies for clear descriptions of roles and responsibilities for these varying new roles, understandable both to health professionals and members of the public;
  ii) calls upon the BMA to lobby the appropriate regulatory bodies for clear guidance regarding appropriate levels at which professionals in these roles should safely work.

45 **Motion** by NORTH EAST LONDON DIVISION: That this meeting condemns the poor career structure for part time doctors in all branches of the profession, and calls on the government, in the interests of maintaining a comprehensive workforce, to find an urgent remedy for this problem.

* 46 **Motion** by SOUTH WEST LONDON DIVISION: That this meeting:-
  i) is appalled by the continuing high levels of bullying and harassment suffered by the workforce of the NHS;
  ii) demands that all stakeholders should be lobbied to produce specific, practicable and innovative action to wipe out this huge problem which is destroying the health and morale of so many workers and thereby adversely impacting on the safety and quality of services offered to patients.

46a **Motion** by SCOTTISH JDC: That this meeting calls on the BMA to work with Education Providers to ensure that trainees are removed in a timely fashion from units or senior clinicians who have bullying, undermining, or harassment claims repeatedly lodged against them.
Agenda of the ARM

32

Contingency time  Monday 16.10

CIVIL AND PUBLIC SERVICES  Monday 16.15 - 16.20

47 Receive: Report from the BMA civil and public services committee chair (Elliott King)

PUBLIC HEALTH MEDICINE  Monday 16.20 - 16.50

48 Receive: Report from the BMA public health medicine committee chair (Peter English).

49 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting:-
   i)  condemns the disparity in salaries of public health consultants/specialists depending on whether they are working in local governments, NHS or Public Health England;
   ii) believes the disparity contributes to difficulty in recruiting to and/or maintaining a skilled specialist workforce, especially in local authorities and discriminates between medically qualified Consultants in Public Health Medicine and their colleagues in other clinical specialities.

50 Motion by PUBLIC HEALTH MEDICINE REGISTRARS SUBCOMITTEE: That this meeting recognises that:-
   i)  Public Health Medicine is a specialty that benefits from the experience of senior members of the clinical and academic community;
   ii) Public Health can be a career choice for those that want to retrain to enact systemic change on the basis of the insight gained working in another specialty;
   iii) the loss of pay protection with the new junior doctors’ contract represents an existential threat to Public Health as it will penalise more experienced medical candidates and dissuade them from retraining;
   iv) pay protection should be reinstated for Public Health Medicine;
   v) mechanisms should be found to financially reward previous valuable experience.

51 Motion by CONFERENCE OF LMCS: That this meeting believes the HPV vaccination should be offered to all school age children of both sexes and should be administered at Primary school to be more effective.

A 52 Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that Local Authorities must only use Public Health funding budgets for Public Health purposes, and independent scrutiny needs to be put in place to ensure this is adhered to.

A 53 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting:-
   i)  condemns councils in England that have utilised money ring-fenced for smoking cessation to attempt to decrease their deficit;
   ii) calls on councils to ensure public health money is spent on improving public health.

BRITISH MEDICAL JOURNAL  Monday 16.50 - 16.55

54 Receive: Report from the BMJ publishing group chair (Joseph Lippincott) / chief executive (Peter Ashman).
Motion by MANCHESTER & Salford Division: This meeting asks the BMA in future elections to produce more social media posts and emails about the elections, in addition to videos, graphics and posters explaining:

i) what the voting categories are;
ii) how to vote;
iii) how the Single Transferable Vote system works;
iv) the last postal date to ensure receipt at ERS by the deadline;
v) when ballot papers should have been received;
vi) who to contact if ballot papers have not been received.

Motion by North East Regional Council: That this meeting believes that regional matters are part of the legitimate remit of central communications support services and believes:

i) Regional Councils must be kept informed of any changes in central communications;
ii) there must be a dedicated person or team responsible for proactive regional communications;
iii) professional media engagement at a regional level would enable the BMA to promote campaigns more effectively across the country;
iv) regular regional media liaison and strategic communications should be undertaken.

Motion by South Central Regional Council: That this meeting regrets that Regional Councils are often not included in key internal communications and calls on the BMA to improve the rollout of communications given that Regional Councils represent all BMA members within their region.

Motion by East Midlands Regional Council: That this meeting requires the BMA to invest in training its activists:

i) to offer media training to as many activist members as possible in their divisions, regions and branches of practice;
ii) to provide e-learning and interactive sessions on current BMA policy, structure and function;
iii) to centrally coordinate the existing network of activists to do media work for the organisation in a precise, targeted way informed by current policy positions.

Motion by Junior Members Forum: That this meeting recognises the value of sharing positive stories and messages in healthcare and therefore calls on the BMA:

i) to engage in a national listening exercise to collect and disseminate best practice in improving workforce morale;
ii) to launch a public facing campaign encouraging patients, healthcare staff, students and other doctors to nominate doctors and medical students for national awards for exemplary compassion in the workplace and;
iii) to work closely with the BMJ, Student BMJ and BMA News to develop a ‘Good news’ media campaign celebrating outstanding examples of compassion in the workplace and/or university.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes:

i) members in both active and dormant divisions must be kept informed of key national and local developments and their views sought;

ii) Regional Councils should be tasked with providing more direct contact with members in all divisions, especially those which are not functioning;

iii) Regional Councils and co-ordinators should encourage, enable and facilitate the reactivation of divisions in dormant areas.

Motion by NORTH WEST REGIONAL COUNCIL: That in the interests of transparency and accountability, this meeting calls on the BMA to publish annually the Conflict of Interest register entries for all committee members, as has already been agreed for GPC.

Motion by LEWISHAM DIVISION: That this meeting asks that the BMA:

i) explicitly counts virtual attendees towards a quorum at Divisional meetings;

ii) actively supports Divisions to make the best use of technology to enable virtual participation.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the value of divisions in engaging grassroots members on behalf of the association. However, with increasing pressures within the NHS it is becoming more difficult for members to give up time to attend meetings regularly and so calls upon the association to explore new ways of holding division meetings/events virtually to improve engagement with members.

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises and values the local engagement trials which have enabled more meetings between members.

Session closes

Monday 17.45
GENERAL PRACTICE

Tuesday 9.00 - 9.40

64 **Receive:** Report from the BMA general practitioners committee chair (Richard Vautrey).

* 65 **Motion** by GWENT AND SOUTH POWYS DIVISION: That this meeting urges a sensible cap is agreed on the workload of a GP which can be expected to be safely delivered in a day for the safety of patients and sanity of GPs.

65a **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls for the GPC to negotiate an activity based contract which directly links workload to resource.

65b **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting calls for patient safety to be improved by:-
   i) face-to-face consultations to be limited to 15 patients in a session per GP;
   ii) telephone consultations to be limited to an evidence based number a day per GP;
   iii) the length of the day worked by GPs to be limited to 12 hours;
   iv) the total consultations held by a GP to be limited to an evidence based number of patients a day.

65c **Motion** by SALISBURY DIVISION: That this meeting calls for patient safety to be improved by:-
   i) face-to-face consultations to be limited to 15 patients in a session per GP;
   ii) telephone consultations to be limited to 30 a day per GP;
   iii) the length of the day worked by GPs to be limited to 12 hours;
   iv) the total consultations held by a GP to be limited to 60 patients a day.

65d **Motion** by LOTHIAN DIVISION: That this meeting notes the recommendations from the Union Europeenne des Medicins Omnipraticiens / Medicins de Famille (UEMO) Policy Statement on The Value of General Practice and Family Medicine in Europe, and with regard to recruitment and retention of General Practitioners:-
   i) demands that working conditions for GPs are compatible with family life;
   ii) calls for patient lists of no more than 1500 per GP;
   iii) calls for consultations of 20 minutes duration;
   iv) calls for working days of 8 hours or less;
   v) calls for 25 or fewer patient consultations within a working day.

66 **Motion** by CONFERENCE OF LMCS: That this meeting recognises the right and responsibility of general practitioners to refer patients for specialist opinion and regarding referral management systems:-
   i) requires legal confirmation that the clinical responsibility will rest with the individual making the decision that a referral may or may not proceed;
   ii) believes they are an unacceptable barrier to patients accessing appropriate secondary care;
   iii) believes the time involved is a poor use of the GP workforce;
   iv) demands that the government takes measures to ensure that the postcode lottery these create ceases immediately;
   v) calls upon the GPC England to oppose this false economy and allow GPs as highly skilled generalists to continue to act with professional autonomy.
* 67 **Motion** by CONFERENCE OF LMCS: That this meeting is concerned about the number of recent practice closures and:- i) believes that unmanaged dispersals lead to patient safety issues; ii) believes that more needs to be done to make the public aware of the mounting threat to the system of general practice; iii) demands details of the contractual arrangements to provide ongoing primary care after a practice closure, are made public; iv) instructs the BMA to take urgent action to ensure the protection of ‘last man standing’ GPs from any additional costs of resignation or retirement resulting from practice closure.

67a **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting is concerned at the number of General Practice closures with serious impact on provision of NHS care and that urgent steps be taken to provide ongoing primary care.

67b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes the actions of politicians has brought about the imminent collapse of English NHS general practice and calls on the BMA (and GPC) to launch a comprehensive, GP surgery-based campaign, in conjunction with LMCs to inform patients and the public about the critical threat to NHS general practice.

68 **Motion** by EDGWARE & HENDON DIVISION: That this meeting, with regard to the guidance issued by NHS England regarding prescribing for items that are also available 'over the counter':- i) believes that it will, if followed, place GPs at risk of complaint for breach of prescribing regulations, force GPs to make judgements about patients' willingness to purchase items themselves, and lead to conflict between doctors and their patients; ii) calls for the BMA discuss with NHS England and DHSC the consequences of amending the regulation requiring the issue of an FP10 for acute illness where effective treatment is available without prescription.

**SCIENCE, HEALTH AND SOCIETY**

Tuesday 9.40 - 10.35

69 **Receive**: Report from the BMA board of science chair (Dame Parveen Kumar).

* 70 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that reliable access to sanitary products is essential for the health and wellbeing of the menstruating population, and that the current system for distribution can leave those most vulnerable with no option other than to go without. We therefore call on the BMA to:- i) ensure all in-patients have access to sanitary products for the duration of their stay; ii) lobby the government to implement the free provision of sanitary products.

70a **Motion** by CONFERENCE OF LMCS: That this meeting calls for an immediate end to sanitary poverty which is unfair and unacceptable in this day and age.
Motion by TOWER HAMLETS DIVISION: That this meeting:-
i) believes that the dangerous increase in antibiotic resistance cannot be reversed until the widespread use of antibiotics in farming is severely curtailed;
ii) calls on the BMA to lobby government to introduce urgent legislation to reduce antibiotic use in farming by 90% and to incentivise farmers to use measures such as improved sanitation and animal husbandry to reduce infection.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting:-
i) calls on government to recognise the devastating long-term life-course effect of adverse childhood experiences and ensure adequate social support to children at risk;
ii) calls on all NHS services to recognise that any child facing loss or bereavement needs specific support in school and out of school, including access to bereavement support.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting:-
i) recognises the significant positive impact of a timely education, health and care plan on the child and their family and caregivers;
ii) is disappointed by the unacceptable number of children and young people, waiting longer than the statutory 20 week deadline, for the educational support they are legally entitled to and need;
iii) calls on government to collect and publish data on exactly how long children and young people are waiting for an education, health and care plan;
iv) calls on government for greater financial support for the assessment and implementation of education, health and care plans.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting deplores the failure of government communication following the Salisbury incident on 4th March when Sergei Skripal was found poisoned, in particular:-
i) the delay of 12 days before advice on managing potential contact with an unknown toxic substance was produced for GPs;
ii) the failure to establish a dedicated poisons helpline immediately the nature of the poisoning was suspected;
iii) the failure to establish a register of all those who were possible contacts with the toxic substance given the possible long term effects of an organophosphate.

Motion by ROTHERHAM DIVISION: That this meeting asks the BMA should lobby the government to ban supermarkets selling alcohol as a loss leader.

Motion by HOLLAND DIVISION: That this meeting calls on government to work with stakeholders to promote engagement of the public in appropriate self-management of long term conditions.

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes, noting that the US Surgeon General has concluded that “there is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product” and that NICE Guidance PH48 recommends all hospitals have no designated smoking shelters as smoke-free hospital grounds motivate staff and managers to implement cessation processes to assist hospitalised smokers, that:-
i) all healthcare workers have a right to work in smoke-free premises;
ii) all healthcare services should adopt a smoke-free policy;
iii) the wellbeing of clinicians should be a priority for all health services.

**WALES**  
**Tuesday 10.35 - 10.55**

**78**  
**Receive:** Report from the BMA Welsh council chair (David Bailey).

**79**  
**Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY NORTH WEST WALES DIVISION): That this meeting recognises the benefits of medical engagement in health systems and calls:-
  i) on BMA Cymru Wales to work with the Welsh Government to ensure all health boards follow the BMA principles for medical engagement with staff including academics;
  ii) on the Welsh local health boards and NHS trust to demonstrate progress made to develop work plans to address the results from their medical engagement surveys;
  iii) on the Welsh local health boards and NHS trust to provide regular updates on progress to LNCs.

**79a**  
**Motion** by NORTH WEST WALES DIVISION: That this meeting whilst commending the work the BMA has carried out on medical engagement notes with dismay the poor levels of medical engagement in Wales as measured by the Medical Engagement Scale. It calls upon BMA Wales to engage with Welsh government to ensure that all Health Boards are instructed to follow the ten BMA principles for medical engagement.

**79b**  
**Motion** by WELSH COUNCIL: That this meeting noting the evidence that the full and proper engagement of health systems with the views of all their medical staff:-
  i) is necessary for the safe provision of health care;
  ii) improves outcomes for patients;
  iii) improves productivity of health care systems; and
  iv) reduces costs;
this meeting calls on all Welsh local health boards and NHS trusts to make demonstrable progress against the commitment they made with BMA Cymru Wales in June 2017 to develop work plans that will address the local results from the medical engagement surveys carried out by each of them in 2016, providing regular updates on progress that is able to be monitored at local level by LNCs.

**79c**  
**Motion** by BANGOR, GLYNDWR AND CHESTER UNIVERSITIES: That this meeting commends the work that the BMA is doing on medical engagement and believes that it is important that this work be extended to clinical academics working in universities, as well as doctors in the NHS, to facilitate joint working between employers. Conference calls on the BMA to take steps to ensure clinical academics are fully supported in any engagement processes within the BMA, NHS and the HEI sector.

**80**  
**Motion** by WELSH COUNCIL: That this meeting following on from the enactment of the Nurse Staffing Levels (Wales) Act 2016, and with particular regard to out of hours staffing of hospital cover, calls on the Welsh Government to take appropriate steps to similarly introduce an agreed safe minimum level of doctor cover to ensure the safety of patients that hospitals must provide.
SCOTLAND

Tuesday 10.55 - 11.15

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

82 Motion by SCOTTISH COUNCIL: That this meeting acknowledges the implementation of a new graduate-entry medical degree in Scotland, but requires any such programme to:
   i) be able to deliver to its students an adequate amount of clinical training in settings that are shared by more than one medical school;
   ii) not reduce the clinical opportunities for learning that students at existing medical schools already receive;
   iii) allow staff to continue to provide the same level of service to their patients.

83 Motion by SCOTTISH COUNCIL: That this meeting:-
   i) requires that BMA Scotland should have the ability to initiate e-mail communication with BMA members in Scotland whenever necessary, without needing prior ratification from BMA UK;
   ii) recognises that on some issues UK wide communication is appropriate, and therefore requires BMA UK and BMA Scotland to develop a process of communication to ensure that there is no conflict between BMA Scotland and BMA UK email communications.

MEDICAL ACADEMIC STAFF

Tuesday 11.15 - 11.30

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

* 85 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes the planned expansion of UK medical student numbers and calls upon both the BMA and GMC to ensure, as prerequisites for this expansion, the concomitant essential increase in the number of medical academic posts, SPAs for consultants and also funding for general practice which reflects the costs practices incur by providing teaching sessions.

85a Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes the planned expansion in UK medical student numbers, and calls upon both the BMA and GMC to ensure that the concomitant essential increase in: the number of medical academic posts; SPAs for consultants and teaching sessions for general practitioners; and funding for general practice reflecting the costs practices incur by providing teaching sessions; all occur as a pre-requisite for this expansion.

A 86 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting recognises the particular challenges of medical academic work and calls on employers to:-
   i) ensure that all medical academics should have Follet compliant annual appraisal;
   ii) ensure all medical academics have a minimum of 1.5 SPAs.

Contingency time
CONSULTANTS  
Tuesday 11.35 - 12.00

87 Receive: Report from the Acting BMA consultants committee chair (Robert Harwood).

88 Motion by CONSULTANTS CONFERENCE: That this meeting recognises that some consultant working patterns, particularly those commonly worked by emergency medicine consultants such as full shift 24 hour rotas, become increasingly difficult to sustain in the latter part of a typical consultant career. This meeting asks the BMA to:-
   i) support the view that it is unreasonable to expect consultants over the age of 50 to work resident night shifts in hospitals;
   ii) ensure that this issue is taken into account during any further or future contractual negotiations with national NHS bodies in the UK;
   iii) ensure that this issue forms part of any workforce planning publications or lobbying or negotiations with national NHS bodies or the governments of the UK.

SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes the early retirement of NHS consultants due to changes in pension legislation and:-
   i) recommends the re-employment of these experienced staff on terms to include the employer’s former pension contribution to salary;
   ii) insists that these processes be streamlined to encourage and facilitate staff retention.

FORENSIC AND SECURE ENVIRONMENTS  
Tuesday 12.00 - 12.20

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

91 Motion by LONDON REGIONAL COUNCIL: That this meeting notes the much delayed position of Medical Examiner (ME) in Cause of Death will most likely commence in April 2019 in England and Wales. It is expected that the 800+ doctors from all branches of practice will be employed by Local Authorities. In order to ensure that these posts are fit for purpose this meeting:-
   i) calls for the BMA to negotiate clear, satisfactory national terms and conditions for this position with the appropriate government and local government bodies;
   ii) calls on BMA to consider the mechanism for local or regional negotiations for enhancement of national terms and conditions for these positions;
   iii) believes that there should be full support and involvement from the appropriate BMA secretariat and policy units;
   iv) believes that these new positions should be represented at appropriate local, regional and national committees of the BMA.

92 Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting in the interests of the bereaved and the efficient use of NHS resources, instructs the BMA to lobby the government for a change in the law such that Coronial processes and demands are the same in each Coronial jurisdiction throughout England and Wales.

93 Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting requires the BMA to campaign for immigrants held in detention centres to be given no less a standard of medical care than that afforded to inmates in prison.
ANNUAL GENERAL MEETING

186th ANNUAL GENERAL MEETING to be held in the Brighton Conference Centre on Tuesday 26th June 2018 at 12.20 pm.

ARM ADDITIONAL PROGRAMME FOR TUESDAY AFTERNOON

When: Tuesday 26 June 2018: 2 – 3.30pm
Where: Auditorium 1 (the main room), Brighton Conference Centre

Disrupting Healthcare; Innovation and Technology in the NHS

Discussion facilitated by Dr Steve Hajioff

As the NHS reaches its 70th birthday, it is facing one of the most challenging periods in its history. Grappling with increasing demand, escalating cost, insufficient finances and increase public expectation. Can disruptive technologies be the saviours of the NHS?

NHS chief executive Simon Stevens has urged the NHS to go faster and further in building on its reputation as a ‘hotbed of innovation’

Whether that be in the form of Artificial Intelligence, Robotics or Genetics, innovation can help to reduce workload, improve decision making, free-up clinical time to focus on patient care, as well as drive fundamental improvement in the length and quality of life of patients in the UK.

There are a number of challenges that stand in the way of the realisation of this ambition. Perhaps the most pervasive of these is the historical inability of the NHS to adopt and diffuse new innovation quickly. There are a number of reasons for this: a lack of dedicated funding for innovation; the size and complexity of the NHS system; and short-term approaches to commissioning and funding.

During the session ‘Disrupting Healthcare; Innovation and Technology in the NHS’ we will be hearing from innovators that are already successfully changing the face of healthcare within the NHS, including one of our own BMA members. They will explain their story so far and touch upon what healthcare may look like in the near future. We will also look at the ethics of certain innovations and how we can expect better quality, safety and regulation. As an association we will reflect on opportunities for growth & development for our members, as well as ensuring that innovation works in the best interest of our members now and in the future.
* 94 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY SHEFFIELD DIVISION): That this meeting, in view of the widespread concerns about the adverse effects of the General Medical Council’s actions in the Bawa-Garba case and its impact on NHS culture and morale:—
   i) declares that it has no confidence in the GMC as a professional regulatory body;
   ii) demands an apology from the GMC over its handling of that case;
   iii) calls upon the Chief Executive and Chairman of GMC to resign;
   iv) directs the BMA to seek legislative changes to make sure that the government, and not the profession funds the GMC;
   v) calls for a public inquiry to review the GMC’s conduct in the Bawa-Garba case.

94a Motion by SHEFFIELD DIVISION: That this meeting believes the recent actions by the General Medical Council have demonstrated that their primary purpose is not professional regulation and:—
   i) declares that it has no confidence in the GMC as a professional regulatory body;
   ii) directs BMA to seek legislative changes to make sure that the government, and not the profession funds the GMC going forward;
   iii) calls for a public enquiry to review the GMC’s conduct regarding Dr Bawa-Garba’s case.

94b Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting, in view of the widespread concerns about the adverse effects of the GMC’s actions in the Bawa-Garba case, requires the BMA to:—
   i) demand an apology from the GMC over its handling of that case;
   ii) campaign for Dr Bawa-Garba’s return to the Medical Register.

94c Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting, in the light of the recent case of GMC versus Dr Bawa-Garba:—
   i) is appalled by the action of the GMC appealing against the decision of its own disciplinary panel;
   ii) informs the GMC and the Secretary of State(s) that this action has ensured that no doctor in the future will dare to report or reflect on any 'near misses' to the detriment of improving patient safety and identifying systemic failures in the NHS;
   iii) has no confidence in the GMC;
   iv) calls upon Charles Massey and his executive to resign;
   v) requests GPC via the BMA to negotiate the cessation of doctors funding this unacceptable organisation.

94d Motion by CONSULTANTS CONFERENCE: That this meeting, in the wake of the GMC’s actions regarding the erasure of a senior paediatric trainee from the Medical Register, there has been an unprecedented loss of confidence in the GMC by the medical profession. In particular, in light of an apparent discrepancy between a review by the Professional Standards Authority and the statements of the GMC about its decision-making process in this matter, this conference asks the BMA to clarify with the GMC on what basis and what steps they took in making the decision to appeal the MPTS
decision. If adequate explanation and appropriate and necessary apology from the GMC are not forthcoming, then the BMA must demand the resignation of the Chairman and Chief Executive of the GMC and consider whether the GMC is fit for purpose.

94e Motion by CONFERENCE OF LMCS: That this meeting seeks the views of conference on the following motion from the Sessional GPs Subcommittee:-
That conference, following the recent case of Dr Bawa-Garba:
i) has no confidence in the GMC as a regulatory body;
ii) directs GPC to advise GPs disengage from written reflection in both appraisal and revalidation until adequate safeguards are in place;
iii) request the Health Select Committee review the GMC’s conduct regarding this case;
iv) mandates GPC to urgently implement a system whereby GPs can make collective statements of concern regarding unsafe care.

94f Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the BMA must demand an apology from the GMC for:-
i) its handling of the Bawa-Garba case which resulted in this trainee being erased from the register, and;
ii) the damage it has done to the NHS culture by propagating blame and fear for genuine errors committed by hardworking, dedicated doctors.

94g Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes given the recent events surrounding Dr. Bawa-Garba, and the high number of doctors under GMC investigation who suffer serious mental health issues whilst awaiting a tribunal, that:-
i) the GMC is presently not fit for purpose;
ii) greater support should be offered to doctors under GMC investigation;
iii) there should be a review of funding of the GMC and remuneration of its employees.

94h Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes the General Medical Council’s response in the case of Dr Hadiza Bawa-Garba and:-
i) has no confidence in the General Medical Council as currently constituted;
ii) calls for the GMC to have at least one half of its members elected by and from the medical profession.

94i Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting condemns the actions of the GMC in relation to Dr Bawa-Garba.

94j Motion by CLWYD NORTH DIVISION: In the light of recent high-profile decisions, this meeting has lost confidence in the GMC as a regulatory body.

94k Motion by BUCKINGHAMSHIRE DIVISION: That this meeting calls for a vote of no confidence in the GMC in the light of their handling of the Bawa-Garba case and calls on the GMC Executive to resign.

94l Motion by BUCKINGHAMSHIRE DIVISION: That this meeting demands that since GMC the GMC’s claim that they are not protecting the interest of doctors, the GMC should be funded by public funds only.
**Motion** by KESTEVEN DIVISION: That this meeting urges BMA to recommend that the GMC recognise the membership fees contributed by doctors in sustaining the organisation and change their constitution to include protection and support of the doctors.

**Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes in light of the recent Bawa-Garba case the association needs to hold the GMC to account for its actions. This meeting believes the association should:

i) explore legal implications around members being balloted for a vote of no confidence in the GMC;
ii) call for the resignation of current GMC leadership;
iii) ask the GMC to reimburse and support those who have suffered from poor health and financial hardship as a result of its drawn out processes.

**Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting suggests that the GMC should be funded by tax payers and not by individual doctors, considering its role as a statutory body.

**Motion** by SOUTH WEST LONDON DIVISION: That this meeting believes that if the GMC refuses to accept self-regulation by doctors, then we should not have to pay GMC fees.

**Motion** by RETIRED MEMBERS CONFERENCE: That this meeting has no confidence in the top leadership of the GMC who have not shown the wisdom of recognising a system failure but instead have relentlessly pursued an individual despite a well-reasoned judgment to the contrary by MPTS. This unwise step will surely adversely affect patient safety, as honest reflection would be seen as a threat by the staff involved in a serious incident. We urge the GMC to show genuine leadership rather than pandering to ill-informed public demands.

**Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting has no confidence in the GMC in its current form and believes it should not be funded by our members. It should be replaced with a GMC made up entirely of medical panel members.

**Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting supports the reinstatement of Dr Bawa Garba, and believes that the GMC is no longer fit for purpose. We call on the BMA to demand that the GMC be scrapped and a new regulatory body set up to include elected doctors’ representatives and be open to public scrutiny.

**Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that the recent case of the paediatric senior trainee Dr Hadiza Bawa-Garba illustrates that overworked and overstretched doctors do not get proportionate justice. We ask the BMA to:

i) pressurise GMC to reassess their act in view of ill effects generated on the doctors who pay the fee to GMC;
ii) ask for resignation of the CEO and the president of GMC if they fail to resolve the situation;
iii) pressurise authorities so that no doctor in future has manslaughter charges in such circumstances;
iv) create a safeguarding policy for the doctors who are working under pressure in the best interest of patients and are at times asked to stretch beyond normal work.
94u **Motion** by ISLINGTON DIVISION: That this meeting believes that:-
   i) the GMC is no longer fit for purpose;
   ii) as a result the profession no longer has confidence in the GMC.

94v **Motion** by NORTH EAST WALES DIVISION: That as a result of behaviour of the GMC towards doctors in recent tragic cases the members of the BMA have lost confidence in the GMC.

94w **Motion** by NORTH EAST WALES DIVISION: That this representative body demands that in order to gain confidence of doctors in the GMC:-
   i) the current leadership of the GMC should resign;
   ii) the GMC should be reconstituted with majority of its members to be elected medical practitioners;
   iii) the GMC should redress the balance between supporting and punishing doctors.

94x **Motion** by SHROPSHIRE DIVISION: That this meeting is alarmed and deeply saddened by the number of doctors who take their own lives whilst under investigation by the GMC. This meeting:-
   i) insists that a relevant healthcare professional is involved at the initial stage of a GMC complaint;
   ii) has no confidence in the way the GMC is currently functioning in the investigation of doctors;
   iii) insists that the GMC incorporate a system-wide approach to problems similar to that used by the aviation industry when considering the fitness to practice of any doctor.

94y **Motion** by SHROPSHIRE DIVISION: That this meeting believes that:-
   i) the primary aim of the GMC is to protect patients while regulating doctors;
   ii) doctors are finding it increasingly difficult to justify paying the annual retention fees to such an organisation;
   iii) the GMC should be funded by the tax-paying public, like HSE.

94z **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
   i) supports the reinstatement of Dr Bawa Garba;
   ii) believes that the GMC is not fit for purpose;
   iii) calls on the BMA to work for the GMC to be scrapped and a new regulatory body set up to include elected doctors’ representatives and to be open to public scrutiny.

94aa **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
   i) believes a no blame culture within the NHS is essential for the preservation of patient safety;
   ii) believes the GMC took no account of system failure in the case of Dr Bawa-Garba;
   iii) believes the GMC should be publicly funded;
   iv) has no confidence in the GMC;
   v) applauds Dr Peter Wilmshurst for reporting himself to the GMC and calls on the BMA to support all members who choose to do likewise.
**95** Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY BUCKINGHAMSHIRE DIVISION): That this meeting expresses concern that the GMC is targeting individual medical professionals unreasonably without looking into wider perspective and therefore asks the GMC to:-
   i) commit to radical reforms of its structure and operations;
   ii) review the high number of black and minority ethnic doctors being investigated by the GMC;
   iii) investigate the high suicide and death rate amongst doctors under investigation by the GMC.

95a Motion by BUCKINGHAMSHIRE DIVISION: That this meeting expresses concern that GMC is incriminating medical professionals unreasonably without looking into wider perspective, therefore, asks government to launch an investigation and public review for:-
   i) Bawa-Garba and similar cases;
   ii) high number of BME being investigated;
   iii) high suicide and death rate amongst doctors being investigated;
   iv) disproportionately low representation of BME at GMC executives.

95b Motion by OXFORD SASC: That this meeting expresses concern that the GMC is targeting individual medical professionals unreasonably without looking into the wider perspective, therefore, asks Government to launch an investigation and public review of the:-
   i) Bawa-Garba case;
   ii) high number of BME doctors being investigated by the GMC;
   iii) high suicide and death rate amongst doctors being investigated by the GMC;
   iv) disproportionately low representation of BME on GMC Council.

95c Motion by MERSEY SASC: That this meeting believes that following its actions in the Dr Hadiza Bawa-Garba case the GMC has revealed itself as unfit for purpose and urges the BMA to lobby the UK governments for radical reforms of this organisation.

95d Motion by PUBLIC HEALTH MEDICINE COMMITTEE: That this meeting notes a loss of confidence in the GMC by the medical profession. We call on the BMA to lobby relevant government departments (DHSC) to restore the medical majority to the GMC’s governing council as an initial, but potentially quite significant, confidence-building measure.

95e Motion by CONFERENCE OF LMCS: That this meeting believes that the structure of the General Medical Council should reflect the proportion of UK doctors in general practice and should always include at least one non-academic practicing GP.

95f Motion by NORTH WEST REGIONAL COUNCIL: That this meeting calls on the BMA to vigorously insist that the GMC collect and publish annual statistics on mortality and morbidity of doctors under investigation.

95g Motion by NORTH WEST REGIONAL COUNCIL: That this meeting is outraged at the GMC’s ridiculous stance in its current regulation of doctors, in spite of being aware of the pressures on NHS doctors. This meeting asks the GMC to improve the morale of doctors by working with doctors and not against doctors.
Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the GMC has shown no faith in its own judiciary body, the Medical Practitioners Tribunal Service, and therefore demands that either the GMC disbands the service or reviews how it applies the recommendations it receives.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting acknowledges that the tragic events involving the paediatric trainee Dr Hadiza Bawa-Garba have shown that the GMC has jeopardised the principles of ‘first do no harm’. Nevertheless we would seek reform within the GMC rather than ask for its regulatory function to be delegated to any other body.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that the case of Hadiza Bawa-Garba has placed the profession in an impossible situation where they can be penalised for any or no action. It calls upon the BMA to:-
   i) insist that the GMC clarify the role and scope of practice of doctors in training;
   ii) lobby the GMC to reverse its vindictive and unjust erasure of Dr Bawa-Garba from the register/licensing;
   iii) investigate the governance structure of the GMC to determine how decisions such as the above are made and documented for scrutiny.

Motion by WELSH COUNCIL: That this meeting believes that the only way to restore the confidence of the profession in the GMC is for it to commit to a fundamental change in its operations - to promote a blame free learning culture where mistakes can be eliminated by design and organisation rather than scapegoats found and punished, as this is the only way to genuinely protect patients.

Motion by SCOTTISH COUNCIL: That this meeting believes doctors must have the opportunity to defend attempts to place limits upon their professional practice, up to and including erasure from the Register, and demands that the BMA oppose any future attempts by the GMC or other bodies to circumvent the Medical Practitioners Tribunal Service or its successors and unilaterally impose sanctions upon doctors.

Motion by SCOTTISH COUNCIL: That this meeting believes that the GMC requires to be reconstituted in order to regain the confidence of the profession.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting expresses concern that the GMC is incriminating medical professionals unreasonably without reference to the wider perspective, and therefore, asks the government to launch an investigation and review on:-
   i) the Bawa-Garba case;
   ii) the high number of BME doctors investigated by the GMC;
   iii) the high suicide rate amongst doctors being investigated by the GMC;
   iv) the disproportionate representation of BME doctors at GMC Board level.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting expresses concern that the GMC is targeting individual medical professionals unreasonably without looking into the wider perspective, and therefore asks the government to launch an investigation and public review for:-
   i) Bawa-Garba and similar cases;
   ii) the high number of BME being investigated;
iii) the high suicide and death rate amongst doctors being investigated;
iv) disproportionate representation of BME among GMC executives.

Motion by SOUTH WEST LONDON DIVISION: That this meeting:

i) recognises that the hallmark of a profession is self-regulation;
ii) also believes that there should be a return to an elected majority of medical practitioners on the General Medical Council;
iii) in the interests of professional self regulation and also to ensure a majority of medical practitioners over lay members, calls on the BMA to ask the government to amend the Health and Social Care Act 2012 to require that a majority of licensed medical practitioners are elected by ballot to the GMC.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting reaffirms that there should be a majority of elected medical members on the General Medical Council.

Motion by CITY & HACKNEY DIVISION: That this meeting notes that the:

i) GMC is about representation and regulation of doctors, it is NOT a patient safety organisation;
ii) GMC should have a majority of practising doctors;
iii) GMC must be demonstrably independent from government (e.g. appointment of Charlie Massey).

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes, in the light of the Bawa Garba tragedy, that the GMC does not apply its own principles of fairness and transparency when dealing with regulatory issues. This meeting strongly condemns the punitive action taken by the GMC against a trainee doctor for systemic failures and no longer has confidence in that organisation's structure and functioning.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting has no confidence that the current provision for representation of the profession on the GMC is either fair, democratic, or sufficient, and desires reform so that a representative, democratic, and fair GMC in which both the public and the profession have full confidence, can be elected.

* Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY LEICESTERSHIRE & RUTLAND DIVISION: That this meeting insists that:

i) the current system of appraisal and revalidation is not fit for purpose;
ii) the BMA in consultation with GMC issues immediate medico-legal guidance on reflective practice;
iii) the BMA negotiates with Royal Colleges, universities and the GMC to develop alternative reflective strategies such as the use of verbal face to face meetings;
iv) reflection is only shared with and appraiser or training supervisor;
v) doctors retain full control over their appraisal information and access can only be made by the individual doctor or with their express consent;
vii) all appraisal information should be legally privileged.
Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is appalled that patient safety is being undermined by the GMC and insists that:
   i) reflection is only shared with an appraiser or training supervisor;
   ii) that Responsible Officers and NHS England or Trust appraisal teams only have access to MAG4 summaries;
   iii) that all MAG4 summaries from a revalidation cycle are destroyed once revalidation is successful;
   iv) that doctors retain full control over their appraisal information, and access can only be made by the individual doctor or with their express consent;
   v) that the BMA encourages all doctors to delete appraisal information for the previous cycle following successful revalidation;
   vi) that all appraisal documentation is legally privileged.

Motion by SHROPSHIRE DIVISION: That this meeting supports the concepts of both appraisal and revalidation. This meeting:
   i) believes that the current system of appraisal and revalidation is not fit for purpose;
   ii) recommends that revalidation, as a check of competency in one’s branch of practice, should be independent of the appraisal process;
   iii) no longer supports written or recorded reflection as part of the appraisal or revalidation process;
   iv) calls on the Royal Colleges responsible for education and training to produce a competency framework for revalidation.

Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the importance of honest and candid reflections in improving patient safety. In the light of these being used in court cases and fitness to practice reviews we call on the BMA to:
   i) issue immediate medicolegal guidance on reflective practice;
   ii) negotiate with the royal colleges and universities to develop a system that permits verbal reflection and;
   iii) lobby the GMC to produce comprehensive and explicit guidance on reflective practice and the medicolegal implications including examples.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting recognises the importance of reflective practice within undergraduate and postgraduate medical training and its use in continued professional development, and is concerned the precedent set by the Dr. Bawa Garba case places the future of reflective practice in doubt. This meeting therefore asks the BMA to:
   i) lobby the relevant regulatory bodies to condemn the use of portfolio reflection against doctors, which may impair their ability to be open and transparent about their mistakes;
   ii) lobby the UK government to award such written entries a legal protection akin to that of protected disclosure;
   iii) lobby medical education bodies to offer practical alternative reflective strategies such as the use of verbal face to face meetings and team de-briefing in the provision of medical education.

Motion by SCOTTISH SASC: That this meeting calls on the GMC to work with the medical profession to produce guidance on reflective notes that doctors feel confident to use.
96f **Motion** by GWENT AND SOUTH POWYS DIVISION: That this meeting believes in the importance of the appraisal process and ask for qualitative and quantitative research in this field to improve the outcome of the appraisal process itself.

96g **Motion** by THAMES VALLEY RJDC: That this meeting calls for the BMA to work with the GMC to ensure that the appraisal process for doctors out of training is relevant, easy to understand and that main employers understand their responsibility to provide appraisal services is not optional.

96h **Motion** by N IRELAND (EASTERN) DIVISION: That this meeting believes that most errors in the medical care ultimately are due to failures in the complex systems of healthcare itself and therefore calls on the government and GMC to stop blaming doctors for errors but instead support the no blame culture required to ensure that all errors are raised so that systems can be changed to improve safety for patients.

96i **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that, in view of cases where reflection in a trainee eportfolio has been considered as possible evidence in court, BMA guidelines on reflective practice should be published with advice to members that reflection on an adverse event should always include consideration of system failures and human factors.

96j **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for a review of the appraisal process to:

  i) make it relevant to modern practice;

  ii) make it a safe place to discuss professional performance concerns;

  iii) make it simpler to free up time for patient care.

96k **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that doctors personal reflections on their practice, whether through appraisal or other means, should be kept confidential unless specific permission is granted by individual doctors for those reflections to be shared.

96l **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.

96m **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting applauds doctors for performing reflective learning as part of their continued professional development but insists that this should be kept confidential and, under no circumstance, should it be used as evidence against them as happened in the case of Dr. Bawa-Garba.

96n **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting endorses the GMC’s response to Sir Keith Pearson’s report Taking Revalidation Forward. This aims to reduce unnecessary burdens for doctors wishing to revalidate – bureaucracy which has led to some doctors retiring earlier than they would otherwise because of frustrating and unwieldy IT systems. We insist that:

  i) appraisal and revalidation should not include non-clinical management objectives, such as training in use of fire extinguishers which are irrelevant to medical practice;
ii) all appraisers should have access to good data and good IT systems in the organisation in which they work;
iii) IT systems used for revalidation should themselves be validated fully before they are deemed suitable for use.

96o **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting takes note of the fact that a major factor driving early retirement is the burden of appraisal and revalidation requirements and calls on the BMA to demand:-
i) a clear statement of national appraisal requirements to which no local additions should be permitted;
ii) a proper evaluation of the alleged benefits to practice and patient safety of both appraisal and revalidation;
iii) the designation of Responsible Officers for those doing non-standard work post retirement or otherwise.

96p **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting calls upon the BMA to advise members:-
i) to not say who is at a significant event meeting;
ii) to not record the date of a significant event;
iii) to not clarify the age, or gender or identifying characteristics of a patient in reflection;
iv) to bring only handwritten reflection in paper form to appraisal;
v) to destroy all copies of reflection both paper and electronic after appraisal, ARCP or similar formal meetings.

96q **Motion** by NORTH WEST WALES DIVISION: That this meeting asks the BMA to ensure that all reflective practice information submitted either to appraisal or to educational review be subject to legal privilege (and therefore not able to be disclosed in legal action).

96r **Motion** by SOUTH TYNESIDE DIVISION: That this meeting is of opinion that reflective practice for clinicians should encourage and promote openness without fear of recrimination.

96s **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is concerned that reflective and appraisal notes of doctors can potentially be used as evidence against them in court, and therefore asks the BMA to secure an agreement that confidentiality is of utmost importance if we are to foster a learning culture.

A 97 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting deplores the approach of the GMC and insists that:-
i) the GMC should not be able to appeal a Medical Practitioners Tribunal Service decision;
ii) the GMC should always be required to reach an individual decision regarding the registration of a doctor following any conviction so that individual circumstances are taken into account.
INTERNATIONAL AFFAIRS

Wednesday 9.35 - 10.10

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

* 99 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY SHEFFIELD DIVISION): That this meeting notes the concerns raised in the "BMA Brexit briefings", also notes that the BMA is non-partisan but that there is a plurality of opinions within political parties on Brexit. We call on the BMA to:-
   i) support the UK remaining in the European single market;
   ii) support open border arrangements with free movement of healthcare and medical research staff;
   iii) support the UK remaining a member of Euratom to ensure the protection of supply of radioisotopes;
   iv) support the early adoption of the European Clinical Trials Directive in the UK;
   v) publicly announce that it is concerned that Brexit poses a major threat to the NHS and the nation's health;
   vi) support the idea of the public having a final say on the Brexit deal, now that more is known regarding the potential impact of Brexit on the NHS and the nation’s health;
   vii) oppose Brexit as a whole.

99a **Motion** by SHEFFIELD DIVISION: That this meeting congratulates all those involved in the drafting of the excellent "BMA Brexit briefings" and notes that the BMA is non-partisan but also the plurality of opinions within political parties on this topic, and the objective evidence included within the briefings. This meeting therefore concludes that the BMA is able to offer objective, non-partisan guidance to our elected leaders and the general public and as such:-
   i) recognising the threat to the NHS workforce that a loss of freedom of movement represents, calls for the BMA to support publicly the UK remaining in the European single market;
   ii) recognising the threat to the supply of medical isotopes, calls for the BMA to support publicly the UK remaining a member of Euratom;
   iii) recognising the fact that some voters may have made their decision on the basis of a misleading statement regarding NHS funding, calls on the BMA to support publicly the idea of the public having a final say on the Brexit deal, now that more is known regarding the potential impact of Brexit on the NHS;
   iv) recognising the wider implications of Brexit on reciprocal healthcare arrangements, medical research, medicines and device development and regulation, calls on the BMA to announce publicly that it is concerned that Brexit poses a major threat to the NHS and the nation’s health.

99b **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting warns both the government and the public that a “Hard Brexit” will bring extremely serious consequences for oncology and other cancer services which rely on radioisotopes.

99c **Motion** by NORTHERN RJDC: That this meeting calls for the BMA to lobby for:-
   i) an end to the plans for the United Kingdom to leave the European Union;
   ii) support for open borders and the free movement of people.
99d **Motion** by YORKSHIRE RJDC: That this meeting notes the concerns raised by the BMA’s Brexit Briefings and therefore calls on the BMA to announce:-

i) support for remaining in the European Single Market and freedom of movement;

ii) opposition to any Brexit deal that does not include a formal agreement with Euratom to maintain access to medical isotopes;

iii) support for the principle of a referendum on the Brexit deal;

iv) opposition to Brexit as a whole.

99e **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting demands that all parts of the NHS and associated services must be excluded from any Transatlantic Trade agreements following BREXIT.

99f **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the government to urgently clarify all aspects of Brexit that affect health care research, particularly to

i) guarantee that the new European Clinical Trials directive will come into force in the UK no later than across the EU;

ii) make a public statement to the biopharma industry and other relevant research bodies to that effect;

iii) clarify the visa status of researchers from the EU who are resident in the UK during transition.

99g **Motion** by LINCOLN DIVISION: That this meeting notes the invaluable contribution EU citizens make to the NHS, and is alarmed that, less than a year from the date on which the UK leaves the EU, the UK government has still failed to provide details of how it will ensure the continued care of patients in all parts of the UK following Brexit. We call on the BMA to continue, through its European Office, International Committee and Department, to lobby for publication of details relating to cross-border care, retention of EU nationals who work in the NHS, and membership of Euratom, among other issues.

99h **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-

i) notes that Britain’s exit from the EU (Brexit) is predicted to have dire consequences for the NHS and its staff;

ii) calls for a second referendum on leaving the EU once all the facts about effects of Brexit on the NHS and the results of the negotiations are known to the electorate.

99i **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting warns both the government and the public of the extremely serious consequences that a hard BREXIT without an agreement on mutual recognition of professional qualifications will have upon service delivery and patient care within the NHS. It instructs the BMA to continue its excellent efforts both in the UK and the EU on this matter.

99j **Motion** by SOUTH CENTRAL PUBLIC HEALTH REGION: That this meeting notes that public health needs a set of conditions to exist in order to be maintained or improved and that these include: a thriving economy; the codifying and protection of human rights, including workers’ rights; regulations on environmental protection; effective licensing of medicines and medical devices; international co-operation; and protections against overweening commercial interests. This meeting further notes that all of these conditions are likely to be impaired by Brexit by:-
Damaging the economy, leading to further austerity and thus exacerbating existing public health consequences of poverty and economic failure;
- Reducing the rights of workers and citizens and of environmental protection in the name of deregulation with a relaxation of these protective standards being harmful to health;
- Reducing our ability to provide secure and timely licensing of medicines and devices;
- Diminishing international cooperation on health issues and the UK’s capacity to deal with cross-border public health outbreaks and events;
- Reducing the counterweight to corporate and commercial interests which protects community and individual rights from potentially negative public health outcomes;
- Reducing access to a trained workforce required to meet the UK’s public health, health and social care needs.

Conference therefore believes that:-
1. leaving the European Union in the absence of visible and detailed plans for establishing comparable and credible new arrangements poses a serious threat to public health, and to healthcare provision generally,
2. it is in the best interests of public health and the health of nation generally for the UK to remain in the European Union.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned by the likely impact of Brexit on the NHS and calls upon Her Majesty’s government to ensure that any Brexit deal which is agreed is capable of guaranteeing that the NHS will not be disadvantaged either in terms of funding or of recruitment.

Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY THE CARDIFF AND VALE OF GLAMORGAN DIVISION): That this meeting in respect to refugee and asylum-seeking doctors, calls on the GMC and the Home Office to:-
1. recognise the talent and resource in refugee and asylum seeking doctors and other health care professionals;
2. provide them with targeted English Language teaching;
3. provide a clinical apprenticeship scheme for them to learn how the NHS works and to be trained in the management of conditions within the NHS;
4. waive examination fees for registration with the GMC;
5. provide support to obtain residency and work in healthcare.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the GMC and the Home Office to:-
1. recognise the talent and resource in refugee and asylum seeking doctors and other health care professionals;
2. provide them with targeted English Language teaching;
3. provide a clinical apprenticeship scheme for them to learn how the NHS works and to be trained in the management of conditions within the NHS;
4. waive examination fees for registration with the GMC;
5. provide support to obtain residency and work in healthcare.
100b **Motion** by LEWISHAM DIVISION: That this meeting asks that the BMA actively promotes schemes that support refugee doctors in their retraining in the UK.

100c **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting applauds the BMA’s supportive work with refugee doctors, and the development of regional initiatives to provide courses and training, and asks for all four nations governments to grant funding to expand clinical placements and thereby enable these doctors to fulfil their potential and contribute their skills to the NHS workforce.

* 101 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned by current Home Office policy which limits overseas applications for NHS jobs despite growing medical and clinical workforce shortages and calls on the government to review or withdraw the cap for Tier 2 skilled non-EU workers.

101a **Motion** by ISLINGTON DIVISION: That this meeting notes that doctors trained overseas who are prepared to fill empty training post are currently being denied visas. This is leading to severe staff shortages in certain specialties. This meeting calls for the BMA to work with government to find an urgent solution to this problem.

101b **Motion** by SHROPSHIRE DIVISION: That this meeting is alarmed by the crisis in recruitment and retention of doctors in the UK. This meeting:-
   i) welcomes suitably qualified overseas doctors who choose to come and work in the UK;
   ii) insists that the UK government urgently remedies the current situation whereby some overseas doctors are refused a work visa because their salary does not meet the income threshold;
   iii) ensures that the recruitment process is ethical;
   iv) make the 'English language test' more 'job' appropriate.

101c **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting raises concern about home office current policy on immigration despite 10k shortages of doctors and 40k nurses and asks for a withdrawal of the Visa cap on Tier 2 to help improve the staffing crisis for the safe provision of clinical care and patient safety.

101d **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting raises concern about home office current policy on immigration despite 10k shortages of doctors and 40k nurses and asks withdrawal of Visa cap on Tier 2 and allows to improve staffing crisis for patient safety.

101e **Motion** by OXFORD SASC: That this meeting raises concern about home office current policy on immigration despite 10k shortages of doctors and 40k nurses and asks for the withdrawal of the Visa cap on Tier 2 to improve the staffing levels for patient safety and demands that Government change their stance.

101f **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting calls on the government to abolish arbitrary barriers to the employment of overseas doctors.
Motion by LONDON REGIONAL COUNCIL: That this meeting:-
i) is opposed to a UK-US trade deal, which would facilitate US corporations running healthcare in England;
ii) calls on the BMA to lobby government against such deals.

STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS  Wednesday  10.10 - 10.40

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

Motion by SASC CONFERENCE AGENDA COMMITTEE: That this meeting recognises that it has been a few years since the BMA SAS charters were signed in all four nations. We urge the BMA to:-
i) raise awareness of the charters;
ii) ensure implementation of these charters through negotiation and agreement at LNCs;
iii) develop a system to monitor their implementation.

Motion by NORTH WEST SASC: That this meeting is concerned by the high incidence of bullying and harassment experienced by SAS doctors in the workplace and exhorts the BMA to require employers to promote a positive campaign to stamp out bullying and harassment in every form in the workplace with:-
i) a positive declaration of adopting a zero-tolerance to bullying and harassment;
ii) appointment of a SAS Respect guardian/Champion;
iii) developing and implementing a robust anti bullying and harassment policy and;
iv) appointing a non-Exec Director as the Trust lead to oversee implementation of the policy, showing a buy-in from the Trust board.

* Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting:-
i) deplores Health Education England’s recent draft health workforce strategy which states that 12 million pounds are allocated towards SAS development when in reality there have been massive cuts to this funding resulting in no funds allocated across certain LETBs;
ii) demands an urgent, open investigation into SAS development funding with reassurance from HEE that the SAS development funds will be transparently and fairly allocated across England.

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting deplores HEE stance that their recent draft document on workforce shows 12 million pounds for SAS development fund where as their acknowledgement of fund cuts which is reflected locally as less or no funding. Therefore, calls for urgent investigation to establishment to transparency, clarity, and information and reassurance from HEE that they continue to commit on SAS doctors’ professional development by reinstating the fund.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls on the BMA to open discussions with NHS Employers to recognise dedication and long service by ensuring that all SAS doctors across England are given two additional day’s leave after seven years’ service, in line with consultant colleagues and with several Trusts which have already implemented this for SAS doctors.
ARMED FORCES

108  **Receive:** Report from the BMA armed forces committee chair (Glynn Evans).

109  **Motion** by ARMED FORCES COMMITTEE: That this meeting notes that Civilian Medical Practitioners are being called upon to undertake the additional responsibilities of military Senior Medical Officers without additional remuneration, which is the equivalent to a Salaried GP taking on the role and responsibilities of a Partner GP, and calls upon the Ministry of Defence to ensure that:-
   i)  this issue is addressed as a matter of urgency, recognising that CMPs play a vital role within the DMS workforce;
   ii) those who undertake such extended duties are appropriately remunerated;
   iii) this remuneration is backdated to the date such additional duties were commenced.

110  **Motion** by ARMED FORCES COMMITTEE: That this meeting is dismayed to note that, despite the motion passed by this Body in 2017, military primary care still regularly sees compromised patient safety, breaches of confidentiality and postponed appointments as a result of failures of the military IT system. This meeting calls upon the Surgeon General’s Department to take responsibility for these failings and the consequences thereof.

MEDICAL STUDENTS

111  **Receive:** Report from the BMA medical students committee co-chairs (Mita Dhullipala and Harrison Carter).

* 112  **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting notes there is a need for increased recognition, publicity and support for the mental health needs of medical students. This conference calls for the BMA to:-
   i)  continue to research the types of mental health issues being experienced by students so support can be provided to meet the students’ needs;
   ii)  review current mental health support provided by medical schools, particularly noting any disparities in support offered between medical schools;
   iii) campaign to make mental health awareness and promotion of self-care practices a core part of the medical education curriculum;
   iv) campaign for clinical facilitators to receive basic training in order to support medical students with mental health difficulties;
   v)  campaign for increased access to personal tutoring and high quality psychological support at medical schools and in hospitals;
   vi) lobby student health services to provide extended opening hours for medical students that are not able to comply with a 9 to 5 timetable.

112a  **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that BMA should ensure that the medical students should be better supported on mental health issues.
112b Motion by LOTHIAN DIVISION: That this meeting applauds the work currently being undertaken by the Medical Students Council to combat mental illness in medical schools, and calls on medical schools to make mental health awareness and education an integrated part of the curriculum. The meeting insists that:

i) all medical schools should have regular teaching on mental health through talks and tutorials as a part of the school curriculum;

ii) teaching should complement and also bring awareness to pastoral care currently provided by their respective medical school;

iii) the GMC should make mental health awareness a requirement of the medical school curriculum.

112c Motion by SCOTTISH COUNCIL: That this meeting calls for more recognition, publicity and support for medical students with mental health issues from their personal tutors, academic tutors, mentors or their equivalent:

i) to review current mental health support provided by medical schools, encourage students to feedback about support available back to medical schools regularly to strengthen the relationship between medical mentors and medical students;

ii) to form an environment where more open discussions around mental health can take place without the fear of being deemed ‘unfit to practise’.

For reference: There exists a great disparity in terms of the level of support offered and the aims/expectations of the role of a personal/academic tutor, however, all most all of them are either responsible for the monitoring of personal, professional or academic development of a medical student- all those aforementioned areas are affected by mental health.

* 113 Motion by SOUTH THAMES RJDC: That this meeting notes the coming increase in medical school places by 1500 students per year, and calls upon the BMA JDC to lobby the government to:

i) confirm that all medical graduates will have a guaranteed place for the Foundation Programme upon graduation;

ii) commit to the necessary increase in investment to the Education and Training Tariff to safeguard the ongoing quality and access to postgraduate medical education.

113a Motion by LONDON REGIONAL COUNCIL: That this meeting notes the coming increase in medical school places by 1500 students per year, and calls upon the BMA to lobby the government to:

i) confirm that all medical graduates will have a guaranteed place for the Foundation Programme upon graduation;

ii) commit to the necessary increase in investment to the Education and Training Tariff to safeguard the on-going quality and access to postgraduate medical education.

113b Motion by CONFERENCE OF LMCS: That this meeting is concerned regarding the future NHS medical workforce and:

i) believe that an urgent review of admission criteria to medical school is needed with the evidence of soaring dropout rates both before and after graduation;

ii) ensure there are sufficiently funded foundation year places within general practice;

iii) that GP education is given the highest priority in resources and support.
114 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that there is a lack of guidance on reporting incidents of racism directed at medical students from other medical students, senior medical professionals or patients. This conference calls on the BMA to:-
   i) review current GMC policies and guidance on acts of racism;
   ii) lobby through appropriate groups to ensure all medical schools have a clear and accessible mechanism in place to report acts of racism;
   iii) create a method in which such reported incidents can be escalated to higher bodies such as the GMC or BMA.

115 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting acknowledges that women are still the minority in surgical specialties, holding only 11% of surgical consultant posts in 2016, and calls upon the BMA to lobby the Medical Schools Council to take more action in promoting the interest and involvement of female medical students in surgery via:-
   i) lobbying medical schools to apply for places on behalf of their students at the Royal College of Surgeons Women in Surgery conferences and events;
   ii) lobbying medical schools to host lecture series with local female surgical consultants;
   iii) recommending medical schools career advisers to provide specific tailored information on surgical careers for women including combining parenthood and surgical careers.

**Contingency time**          Wednesday 11.40

CHARITIES                      Wednesday 11.45 - 11.50

116 **Receive:** Report from the BMA Charities Chair of Trustees (Andrew Mowat).

FINANCES OF THE ASSOCIATION    Wednesday 11.50 - 12.15

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

118 **Motion** by TREASURER: That the annual report of the directors, treasurer’s report and financial statements for the year ended 31 December 2017 as published on the website be approved.

119 **Motion** by TREASURER: That the subscriptions outlined in document ARM1B (appendix iii) be approved from 1 October 2018.

120 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes it to be reprehensible that English regional structures in the BMA have no devolved funding. We require the BMA to rectify this.

**BMA TREASURER’S QUESTION AND ANSWER SESSION**    Wednesday 12.15 - 12.30

Opportunity for representatives to ask questions of the BMA treasurer.

**Session closes**            Wednesday 12.30
Wednesday 14.00 - 15.00

CARING, SUPPORTIVE, COLLABORATIVE: A FUTURE VISION FOR THE NHS OPEN SESSION

A special externally facilitated session on 'Caring, supportive, collaborative: A future vision for the NHS' will take place.

Representatives are asked to familiarise themselves with the briefing paper circulated previously to representatives.

Session opens Wednesday 15.00

NORTHERN IRELAND Wednesday 15.00 - 15.10

121 Receive: Report from the BMA Northern Ireland council chair (John D Woods).

122 Motion by NORTHERN IRELAND COUNCIL: That this meeting calls for the Northern Ireland department of health to urgently ensure:
   i) that doctors work within a culture which is committed to supporting openness and transparency;
   ii) that Northern Ireland health and social care trusts be subject to an organisational duty of candour to match the duty doctors are already under from their professional regulator;
   iii) that Freedom to Speak Up guardians be appointed in Northern Ireland to support a culture of openness and transparency.

MEDICAL ETHICS Wednesday 15.10 - 16.15

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

124 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting recognises that the advent of new technologies can bring new ethical challenges to light and;
   i) believes that given the advent of Non-Invasive Prenatal Testing (NIPT) and the potential for whole Genome Sequencing the time is right for consultation to determine the views of the public and the profession on the need for limits to the scope of NIPT in practice;
   ii) calls for the BMA to lobby for the establishment of a register of conditions for which NIPT can be conducted in the UK;
   iii) believes any such list or register should be held and maintained by an independent non-governmental body or panel of experts and lay members;
   iv) believes that further to the establishment of a register of such conditions the BMA should lobby government to ensure appropriate sanctions exist to prevent and limit parties who act to preference or prevent genotypes out with those registered.

* 125 Motion by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to lobby the government to change the law so that doctors can treat patients regardless of immigration status without the threat of being prosecuted for fraud.
125a **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
   i) notes with concern recent restrictions on overseas visitors and illegal immigrants and their access to NHS treatment;
   ii) calls on the BMA to ensure that adequate safeguards are in place to ensure that homeless people, irrespective of their immigration status, can access emergency care and the necessary follow-up resulting from the acute episode.

125b **Motion** by ISLINGTON DIVISION: That this meeting believes that necessary treatment should not be delayed whilst patients are contesting their immigration status. This meeting calls on the BMA to work with appropriate bodies so that doctors do not have to delay necessary treatment for their patients.

125c **Motion** by CITY & HACKNEY DIVISION: This meeting calls on the BMA to oppose primary care charges for migrants, refugees, undocumented or trafficked people as this will be:-
   i) detrimental to the health of immigrants and the wider population due to the risk of inadequate treatment of infectious diseases. Have a detrimental impact on pregnant women, newborn babies and children;
   ii) the thin edge of the wedge to bringing in charges for primary care for the whole population, and creates a mechanism for doing so.

125d **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
   i) notes the government’s plan to bring in charges for primary care for immigrants;
   ii) calls on the BMA to oppose this plan because it would be detrimental to the health of immigrants and the wider population due to the risk of inadequate treatment of infectious diseases;
   iii) believes that bringing in charges for immigrants would be a prelude to bringing in charges for the whole population.

125e **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
   i) opposes involving general practice in checking immigration status;
   ii) calls on GPC to support practices who wish to cross out the supplementary questions (Patient Declaration for all patients who are not ordinarily resident in the UK) on the GMS1 Form;
   iii) calls on GPC to insist on the removal of these questions from the GMS 1 Form.

126 **Motion** by EASTERN REGIONAL COUNCIL: That this meeting does not support extension of the current time limitations on human embryo research.

127 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes that whilst doctors may not have the right to object to patients making personal recordings of consultations, and recognising that there may be benefits to doing so, condemns the practice of patients posting recordings online and calls on the BMA to lobby for sanctions against patients who breach their doctors’ privacy in this manner.

128 **Motion** by NORTHERN IRELAND SASC: That this meeting implores the NHS to recognise that death does occur and that the emotionally stressing demands to place Do Not Attempt Cardiopulmonary Resuscitation on all patients at the end of life should be replaced by Allow Natural Death to promote more holistic and positive discussion around end of life.
Motion by SHROPSHIRE DIVISION: That this meeting supports the existing statutory provision for conscientious objection by healthcare workers to certain aspects of care. This meeting:-
i) endorses the Doogan and Wood 2014 Supreme Court ruling that the right to conscientious objection by a healthcare professional, where statutorily defined, is limited to active participation in treatment;
ii) supports the reasonable accommodation of healthcare professionals’ personal beliefs out-with the legal provisions, where such accommodation does not impact on the provision of NHS healthcare services;
iii) opposes attempts to expand the right of healthcare professionals to withdraw services on the grounds of conscience which risks restricting access to NHS services such as reproductive health care and limiting the expression of patients’ consciences and beliefs;
iv) affirms that healthcare professionals must not discriminate against patients who do not share their beliefs.

Motion by CONFERENCE OF LMCS: That this meeting welcomes the English government's announcement of a consultation on organ donation opt-out system and supports strategies to increase organ donation across the UK.

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting applauds the government’s commitment to review the law on organ donation and its recent consultation on donor opt out, and welcomes such a change.

Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting opposes any alteration to existing law which might weaken the legal protection of the foetus during pregnancy (e.g. Offences against the Person Act 1861, Infant Life Preservation Act 1929).

Motion by TOWER HAMLETS DIVISION: That this meeting:-
i) deplores the inhumane conditions which migrants suffer while imprisoned in detention centres;
ii) calls on the BMA to call for an end to indefinite detention;
iii) calls on the BMA to call for closure of detention centres.

Motion by SHEFFIELD DIVISION: That this meeting believes that abortion performed purely on sex preference grounds should remain a criminal offence.
HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

* 135 Motion by CONFERENCE OF LMCS: That this meeting is concerned that new online GP services are targeting healthy, less complex patients, the funding for whom is partly used to subsidise care for more complex patients on the registered list and calls on the BMA to:
   i) demand a stop to the undermining of general practice by private companies who cherry pick the patients to whom they offer services;
   ii) demand that online consultation schemes do not become established unless they are prepared to provide a comprehensive package for all patients;
   iii) support general practice to explore innovative ways of providing health care;
   iv) demand the allocation of additional funds to NHS general practice to provide training, support and appropriate software and hardware in order to establish online consultation services.

135a Motion by TOWER HAMLETS DIVISION: That this meeting with respect to online GP services:
   i) is alarmed by their poor safety record;
   ii) believes that they should not be rolled out until there is unequivocal evidence that they are safe for patients and beneficial for the NHS;
   iii) calls on the BMA to demand that online NHS GP practices that offer predominantly online access must not be allowed to choose which patients to register and must offer comprehensive NHS care to all patients.

135b Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that model used by Babylon/GP at Hand will threaten the existence of GP surgeries trying to offer unlimited equitable access to care for their whole patient list.

* 136 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY CONFERENCE OF LMCS): That this meeting believes that doctors feel highly exposed by the GDPR (General Data Protection Regulation) and:
   i) believes that in primary care it is no longer sustainable for the GP to be the sole data provider;
   ii) calls on the BMA to urgently explore the possibility of commissioning health organisations having one data protection officer for all GP practices in their area;
   iii) calls on the BMA to negotiate with the information commissioner’s office on the application of GDPR to all doctors;
   iv) demands an appropriate uplift in the GP core contract to reflect the resulting impact of the new regulation.
136a Motion by CONFERENCE OF LMCS: That this meeting with respect to the GDPR (General Data Protection Regulation):
   i) believes that GPs feel highly exposed to the GDPR;
   ii) believes that it is no longer sustainable for the GP to be the sole data provider;
   iii) calls on the BMA to urgently explore the possibility of commissioning health organisations having one data protection officer for all GP practices in their area;
   iv) calls on the BMA to negotiate with governments a review of the application of GDPR to general practice;
   v) demands an appropriate uplift in the core contract to reflect the resulting impact of the new regulation.

136b Motion by SCOTTISH COUNCIL: That this meeting recognises the importance of patient confidentiality and believes that the position on information sharing is already well established, in that wellbeing information should only be shared with consent, until it reaches the risk of harm threshold when it can be shared without consent, i.e. under existing information sharing provisions. This meeting further notes that the Scottish government has introduced the Children and Young People (Information Sharing) (Scotland) Bill and calls on the GMC to:-
   i) ensure that doctors are not put in the position where they are being asked to provide information in a way that is contrary to its professional standards;
   ii) make sure that doctors are aware of their obligations with regard to confidentiality and data sharing, particularly in relation to this legislation.

136c Motion by NORTH WEST REGIONAL COUNCIL: That this meeting expresses concern at the permanent retention of “soft data” on doctors by NHSE, Trusts and GMC, and calls on the BMA to challenge this practice as contrary to both human rights and the Data Protection Act or GDPR.

136d Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting deplores that since the implementation of the General Data Protection Regulations no charge can be made to cover the expense of providing information to patients or their representatives, and calls upon the BMA to:-
   i) campaign for change of regulations to allow charging for all costs incurred by the data controller;
   ii) campaign for adequate IT to enable patients to access their own records online, and that this must be acceptable as providing access as required under the GDPR.

136e Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that data provided by patients should only be used for health care purposes and never for any other purpose unless on an individual legal basis, and insists that the Memorandum of Understanding between NHS Digital, the Home Office and the Department of Health regarding tracing of immigration offenders is ceased forthwith.

136f Motion by GWENT AND SOUTH POWYS DIVISION: That this meeting believes in the importance of the data as a tool to know the extent of the problems facing the NHS. Accordingly the meeting is asking for transparency in sharing the data (Clinical and non-Clinical) between the managers and the clinicians in the NHS.
136g **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes that unique to doctors, the General Data Protection Regulation (GDPR) is a form of legalised slavery because doctors have no means of offsetting the significant cost of production of data except from their own personal resources and instructs the BMA to lobby government on this issue.

A 137 **Motion** by NORTH EAST LONDON DIVISION: That this meeting believes the BMA should have a strategy on monitoring the development and implementation of Artificial Intelligence (AI) in healthcare with particular reference to the impact on medical staffing and the wider ethical issues of such technology.

**DOCTORS’ PAY, PENSIONS AND CONTRACTS**

**Wednesday 16.40 - 17.30**

* 138 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS): That this meeting believes that prolonged pay restraint has severely damaged the NHS and its staff and:-
   i) the BMA should identify actions to reflect the feeling of the profession and support achieving a fair settlement for medical staff;
   ii) rapid remedial action is needed to restore morale among all NHS staff;
   iii) demands a real-time pay rise.

138a **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that years of pay restraint in the NHS has only served to damage the health service and rapid remedial action is needed to restore morale among NHS staff at all levels.

138b **Motion** by SCUNTHORPE DIVISION: That this meeting believes that years of pay restraint in the NHS has only served to damage the health service and rapid remedial action is needed to restore morale among NHS staff at all levels.

138c **Motion** by HOLLAND DIVISION: That this meeting believes that prolonged pay restraint has severely damaged the NHS and its staff and calls on the BMA to identify actions that reflect the feeling of the profession and support achieving a fair settlement for medical staff.

138d **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting calls upon the BMA:-
   i) to demand:-
      a) a real-terms pay rise;
      b) safe working conditions for all healthcare staff;
      c) an end to unnecessary and burdensome assessment, appraisal and revalidation;
   ii) to ballot for industrial action if these demands are unmet.

138e **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls on the BMA to ballot for industrial action demanding:-
   i) real terms pay rise for doctors;
   ii) safe working conditions for all staff;
   iii) an end to unnecessary assessment, appraisal and revalidation.
Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting urges the
review body on doctors and dentists to recognise its role in damaging morale through
the pay freeze and accept that pay restraint is affecting recruitment in the NHS; and
understands the importance of recommending above inflation pay increase and
rewarding NHS staff for their true value.

* 139 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH CENTRAL
REGIONAL COUNCIL): That this meeting urges the BMA to highlight the gender pay gap
in medicine and to:-
   i) lobby governments, health departments and the NHS to focus on the root causes of
      the gender pay gap;
   ii) promote more representative participation by women in leadership positions in the
      NHS at all levels;
   iii) uphold gender pay equalisation as an essential aim of contract negotiations;
   iv) launch a campaign reminding members of their rights regarding pay and equality in
      the workplace;
   v) communicate with members on efforts made over the next 12-18 months to close
      the gender pay gap between doctors.

139a Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting urges the BMA to
lobby the government to immediately address the gender pay gap in medicine by
focusing on the root causes and to take positive action to increase the representation
of women in leadership positions in the NHS at all levels.

139b Motion by MANCHESTER & SALFORD DIVISION: That this meeting, at a time when all
organisations are required to report gender pay gaps and are acting to address them,
calls on the BMA to have a robust response to member concerns by:-
   i) guaranteeing no more sacrifices in contract re-negotiations which discriminate
      against particular groups and ensuring any such proposal represents a RED LINE;
   ii) acting upon equality reports and formulating strategy during contract
      renegotiations;
   iii) developing clearer communications that inform the membership of efforts made to
      close the gender pay gap within the medical work-force over the next 12-18 months;
   iv) launching a new campaign to inform members of their rights regarding equality and
      pay issues in the workplace.

139c Motion by MANCHESTER & SALFORD DIVISION: This meeting recognises concerns
amongst the workforce that the BMA has failed to respond to inequalities in pay and
career progression.

140 Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting notes with concern the
recent acknowledgement by the Department of Health and Social Care that the
reduction in the Life Time Allowance and cap on pension contributions together with
tax implications of pension contributions has contributed significantly to the number
of doctors retiring early and that this is having a detrimental effect on those doctors
and nurses left behind who have to carry an increasing workload. This meeting asks
the BMA to have urgent discussions with the government on ways to alleviate this
effect and the consequences of such changes in fiscal policy.
141 **Motion** by SCOTTISH COUNCIL: That this meeting requires that the evidence the BMA submits to the DDRB:-
   i) reflects the differences in health service organisation and/or contractual differences across the nations of the UK and;
   ii) is presented separately by branch of practice.

142 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls upon the BMA to oppose and take action against the Annualisation regulations within the practitioner section of the NHS Pensions scheme.

143 **Motion** by WELSH COUNCIL: That this meeting believes that tiered net contributions in a CARE pension scheme like the NHSPS are entirely unfair and that contributions should be equal net of tax relief and asks the BMA to negotiate to secure this.

**BMA COUNCIL CHAIR'S QUESTION AND ANSWER SESSION**  
Wednesday 17.30 - 17.45

Opportunity for representatives to ask questions of the BMA council chair.

**Session closes**  
Wednesday 17.45
**MEDICO-LEGAL AFFAIRS**

**Thursday 9.00 - 9.30**

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

* 145 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY CLYWD NORTH DIVISION): That this meeting:—
   i) requires the BMA to robustly participate in any review of Gross Negligence Manslaughter (GNM);
   ii) calls on the BMA to campaign for changes to the law on GNM so that the law in England and Wales is more aligned to the law in Scotland;
   iii) calls for the law on GNM to take into account system pressures and failures when considering individual responsibility;
   iv) believes that an independent body should have a remit to provide confidential, professional, no-fault safety incident investigation on a par with the aviation industry.

145a **Motion** by CLYWD NORTH DIVISION: That this meeting:—
   i) calls upon the BMA to campaign for changes to the law on Gross Negligence Manslaughter so that the law in England and Wales is more aligned to the law in Scotland;
   ii) calls upon such law(s) to take into account system pressures and failures when ascertaining individual responsibility.

145b **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting regrets the framing given to the Gross Negligence Manslaughter review in order to make it wholly ineffectual:—
   i) we demand that a review of the English law on GNM is undertaken;
   ii) we demand that the English law be brought into closer alignment with Scottish law (of culpable homicide) and that a test of whether the act or omission was “intentional, reckless or grossly careless” be a key part of the test of GNM;
   iii) we demand serious consideration of whether technical cases of medical error are best tried by lay juries;
   iv) we support the expansion of the Healthcare Safety Investigation Branch (or an equivalent body) to provide confidential, professional, no fault safety incident investigation on a par with the aviation industry.

145c **Motion** by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to lobby the government to set up a review of the legal basis for criminal prosecution of medical gross negligence.

145d **Motion** by SCOTTISH COUNCIL: That this meeting believes that the responsibility for systems failures such as under-staffing or lack of resilient systems must not lie with employees and calls for legal reform to recognise this, particularly in the context of criminal investigation of medical negligence.

145e **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting considers the criminal prosecution of doctors for gross negligence manslaughter resulting from systemic errors impairs the advancement of safe healthcare for patients, and requires the BMA to press for the reviews of criminal law application to doctors and other healthcare staff to be expedited.
145f **Motion** by CONFERENCE OF LMCS: That this meeting is concerned about the number of gross negligence manslaughter trials which involve members of the medical profession and calls on the ARM to work with the BMA and other relevant organisations to petition the government for less adversarial approach to adverse events that recognises the importance of system failures and seeks to learn rather than blame.

145g **Motion** by WELSH COUNCIL: That this meeting believes that in the light of recent events the BMA should insist on:-
   i) a change in the law on GNM to equivalence with the Scottish law on culpable homicide;
   ii) national accreditation of expert witnesses to include training on system pressures;
   iii) a requirement for both GMC and the courts to hear evidence in these cases from "human factors" experts as in the aviation industry;
   iv) secure moderated arrangements to raise concerns on system pressures to avoid bullying;
   v) BMA and GMC considering joint guidance to maintain the value of reflection for professionalism whilst avoiding self-incrimination.

145h **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting raises grave concern that medical professionals are treated the same way as criminals by the Crown Prosecution Service following human factor errors and asks the government to investigate and launch public scrutiny.

145i **Motion** by EDGWARE & HENDON DIVISION: That this meeting notes the findings of the Bawa-Garba case and calls on the BMA to lobby relevant stakeholders for appropriate legislative change to gross negligence manslaughter.

145j **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting is perturbed to see individual doctors being held accountable for systemic failures. We insist that the BMA lobby for separate cause and liability investigations into such incidents which are accompanied by legislative protections.

145k **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is gravely concerned that increasing numbers of doctors are facing prosecution in the criminal courts for Gross Negligence Manslaughter. It calls on the BMA to press for a thorough review of existing law to ensure that doctors, acting in good faith and in increasingly difficult circumstances within a grossly under-resourced NHS, are not penalised personally.

145l **Motion** by KESTEVEN DIVISION: That this meeting calls upon the BMA to ensure patient safety by promoting a culture of retention of staff in NHS by:
   i) avoiding unjust prosecution of individual doctors;
   ii) properly addressing system failures and under resourcing of NHS.

145m **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes the exoneration of surgeon David Sellu and the recent conviction and erasure of Dr Hadiza Bawa Garba:-
   i) believes that 'blame culture' undermines the work of the medical profession and patient safety;
   ii) calls on the BMA to undertake its own review into gross negligence manslaughter law and its application in healthcare;
iii) calls on the BMA to lobby the relevant parties to reform the law of gross negligence manslaughter in its current form.

Motion by EDGWARE & HENDON DIVISION: That this meeting notes that systemic pressures have increasingly contributed to errors in healthcare settings, and requires that there should be “corporate” culpability when individual doctors make errors in this context.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting has grave concerns over the interpretation of the verdict of Gross Neglect Manslaughter by the English courts in criminal trials involving medical errors. The BMA must ensure that the anger and dismay of the profession is expressed to the GMC in an unequivocal manner, and that guidance is put in place for High Court judges who preside over such cases so that expert medical witnesses are invariably included in court proceedings.

Motion by SALISBURY DIVISION: That this meeting calls for a move in the NHS away from personal responsibility to corporate responsibility with regards to errors and mistakes.

Motion by CONFERENCE OF LMCS: That this meeting asks the BMA to undertake negotiations with the coroner’s service to widen the range of clinicians who are legally able to sign a death certificate or cremation form.

PRIVATE PRACTICE
Thursday 9.30 - 9.35

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

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting condemns the actions of the major medical insurance providers in using their monopoly position to:-
   i) restrict patients free access to a consultant of their choice;
   ii) limit the ability of general practitioners to refer patients to a specialist who they believe can offer the best care to their patient;
   iii) exclude clinically competent consultants from recognition for insurance reimbursement without good cause;
   iv) threaten de-recognition of consultants in private practice if consultants choose to negotiate and agree fees directly with patients and fail to use direct e-billing with the insurance provider, excluding patient involvement.

JUNIOR DOCTORS
Thursday 9.35 - 10.55

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

Motion by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to:-
   i) lobby relevant stakeholders to ensure that junior doctors are given adequate high-quality clinical supervision;
   ii) remind regulatory bodies, royal colleges and other relevant stakeholders, that junior doctors should be able to reflect openly and honestly, and without fear of recrimination as part of ongoing professional development and;
   iii) remind members of the sources of support available, and the appropriate channels to follow, if they have concerns regarding supervision or support in the workplace.
* 152 Motion by SALISBURY DIVISION: That this meeting calls on Guardians of Safe Working to:
   i) go out and seek information from junior doctors;
   ii) look for Juniors working beyond their rostered hours;
   iii) hold investigative responsibility.

152a Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting calls on guardians to:
   i) go out and seek information from junior doctors;
   ii) look for Juniors working beyond their rota’d hours;
   iii) hold investigative responsibility.

* 153 Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the difficulties in recruitment and retention of junior doctors and welcomes the publication of the ‘8 high impact actions’ from NHS Improvement. We call upon the BMA to lobby NHS Employers and relevant stakeholders to develop key performance indicators with associated funding attached for each of the following:
   i) adequate rest and sleep facilities;
   ii) access to hot food 24 hours a day, seven days a week;
   iii) rota templates that are compliant with contract requirements;
   iv) receipt of work schedules with a minimum of eight weeks notice and;
   v) receipt of rotas with a minimum of six weeks' notice.

153a Motion by ISLINGTON DIVISION: That this meeting:
   i) recognises the importance of trainees access to rest facilities and hot food;
   ii) applauds the creation of the BMA rest and facilities charter;
   iii) calls for lobbying of all trusts to adopt this charter;
   iv) monitoring of provision in all trusts and publication of all those signed up to and meeting standards laid out in the charter.

154 Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting calls for the BMA to operate a list of hospital trusts, ranking them according to compliant, not compliant and semi compliant with staffing of the junior doctors’ rotas. Thereafter the data should be published quarterly to highlight trusts not being compliant or not working in the spirit of the new junior doctors contract.

TRAINING AND EDUCATION Thursday 10.55 - 11.35

155 Motion by JUNIOR MEMBERS FORUM: That this meeting supports the work that has been done in efforts to widen access to Category 3 less than full time working in emergency medicine and calls upon the BMA to work with relevant stakeholders to ensure that this access is introduced to an equivalent standard across:
   i) all specialties and;
   ii) all grades.

* 156 Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the value of high quality training. This meeting therefore calls upon the BMA to lobby relevant bodies:
   i) to agree formal incentives and rewards for excellence in trainer practice and;
   ii) for appropriate protected educational time in work plans for both trainers and trainees.
156a Motion by GWENT AND SOUTH POWYS DIVISION: That this meeting believes in the role of doctors as medical teachers and educationalist. Accordingly we ask the NHS Trusts and Health Boards to recognise this role for doctors. The job plans of doctors in their different grades should consider extra hours for the doctors who are participating in postgraduate and undergraduate teaching.

156b Motion by GWENT AND SOUTH POWYS DIVISION: That this meeting recognises the role of the educational supervisors and the clinical supervisors within the NHS. The meeting asks for a better recognition of the role of the supervisors in their job plans and consider allocating the specific sessions for that.

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

158 Motion by BRISTOL DIVISION: That this meeting believes that training on patient ‘fit notes’ should be an essential part of all hospital inductions for junior doctors. All doctors should have easy access to issue ‘fit notes’ and they should be routinely considered for patients on discharge from all hospital episodes.

A 159 Motion by SALISBURY DIVISION: That this meeting insists decisions regarding the allocation of study leave in hospitals should be made by clinicians and not non-clinical managers.

A 160 Motion by MANCHESTER & SALFORD DIVISION: That this meeting is disappointed that surgical trainees find themselves struggling to gain their competencies due to service demands and asks the BMA to lobby appropriate bodies to create ‘protected training time’ which can be used at the trainees discretion as agreed with their educational supervisor to best benefit their training.

A 161 Motion by CONFERENCE OF LMCS: That this meeting requires the BMA to lobby the Department for Education to develop in partnership with the BMA a self-care curriculum to be taught in state schools enabling the discovery of principles of care for oneself and others during periods of illness.

Contingency time

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 - 13.00

162 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
Agenda of the ARM

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