Annual Representative Meeting 2019

Agenda

23-27 June 2019, The ICC Belfast
The BMA has endeavoured to print all material relating to ARM 2019 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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INDUCTION

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 Acting Representative Body Chair, Helena McKeown.

PROCEDURES, PROCESS AND TIMETABLES

1 Motion by BMA ACTING REPRESENTATIVE BODY CHAIR: That this meeting approves:-
   i) the standing orders (Appendix I 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 (ARM11) 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 24 June 2019.

2 Confirm: Minutes of the BMA Annual Representative Meeting held on 25 June to 28 June 2018 (ARM12 on the website).

3 Receive: That the reports from branches of practice for the session 2018-19 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 1-10)
   09:30 Keynote Address By The BMA Council Chair, Dr Chaand Nagpaul (page 5)
   09:50 Medical Students (page 6, items 11-14)
   10:15 National Health Service (page 6, items 15-27)
   11:15 Workforce (page 14, items 28-32)
   12:05 Civil And Public Services (page 19, item 33)
   12:10 Contingency Time
   12:15 AFC (page 20, items 34-37)
   12:40 Session closes
Monday PM
14:00 Speeches for the candidates in the election of the Treasurer, Representative Body Chair and Deputy Representative Body Chair (page 20)
15:30 Pensions Open Session (page 20)
16:30 Pensions (page 20, items 38-40)
17:05 Contingency Time
17:10 Medicine And Government (page 24, items 41-50)
17:40 Private Practice (page 27, item 51)
17:45 Session closes

Tuesday AM
09:00 Medical Academic Staff (page 28, items 52-53)
09:15 British Medical Journal (page 28, items 54-55)
09:35 Medical Ethics (page 29, Items 56-60)
10:25 Forensic And Secure Environments (page 30, items 61-63)
11:00 International (page 31, items 64-66)
11:25 Wales (page 31, items 67-69)
11:40 Northern Ireland (page 31, items 70-73)
12:15 Contingency Time
12:20 Session closes
12:20 Annual General Meeting (page 33)

Wednesday AM
09:00 Professional Regulation, Appraisal And The General (page 34, items 74-78)
09:40 Science, Health And Society (page 36, items 79-83)
10:25 Public Health Medicine (page 38, items 84-87)
11:00 Community And Mental Health (page 40, items 88-92)
11:30 Contingency Time
11:35 Caring, Supportive, Collaborative: A Future Vision For The NHS Open Session (page 42)
12:35 Charities (page 42, item 93)
12:40 Session closes

Wednesday PM
14:00 Occupational Medicine (page 43, items 94-97)
14:20 Clinical And Prescribing (page 44, items 98-99)
14:40 Doctors’ Pay And Contracts (page 45, items 100-101)
15:00 General Practice (page 48, items 102-103)
15:15 Scotland (page 49, item 104)
15:20 Q&A Council Chair (page 49)
15:35 Medico-legal (page 49, item 105)
15:40 Contingency Time
15:45 BMA Structure And Function (page 49, items 106-109)
16:25 Staff, Associate Specialists And Specialty Doctors (page 52, items 110-113)
17:00 Junior Doctors (page 54, items 114-118)
17:45 Session closes
Thursday AM
09:00 Finances Of The Association (page 55, items 119-124)
09:40 Q&A Treasurer (page 55)
09:55 Training And Education (page 56, items 125-128)
10:25 Health Information Management And Information Technology (page 57, items 129-131)
10:45 Retired Members (page 59, item 132)
10:55 Professional Fees (page 59, item 133)
11:00 Consultants (page 59, Items 134-135)
11:15 Contingency Time
11:20 Motions Arising From ARM (page 59)
12:45 Closing Business (page 59, item 136)
13:00 Close Of The Meeting

Articles

5 Motion by THE ORGANISATION COMMITTEE CHAIR: That the Representative Body approve the recommended changes to articles of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the articles to the Annual General Meeting for approval.

Bye-laws

6 Motion by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the bye-laws of the association be amended in the manner shown in appendix III of document ARM1A.

BMA policy

7 Motion by COUNCIL: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM10 (on the website).

8 Receive: That the BMA Acting 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.

9 Confirm: That the motions marked with an 'A' have been assessed by the agenda committee to be either existing policy or sufficiently uncontroversial to be voted on without debate and published in the policy book, unless challenged at this point in the meeting.

PRESIDENT OF THE BMA

10 Motion by COUNCIL: That Harry Burns be appointed BMA president for the session 2020-21.

BMA COUNCIL CHAIR

Monday 9.30 – 9.50

Keynote address by the BMA council chair, Chaand Nagpaul.
MEDICAL STUDENTS  
Monday 9.50 – 10.15

11 Receive: Report from the BMA medical students committee co-chairs (Gurdas Singh/Christopher Smith).

12 Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that medical student support services, especially in relation to mental health, can be involved in both fitness to practice and academic progression processes. We therefore call for the BMA to lobby relevant bodies to:-
   i) establish clear separation between student support and academic progression services;
   ii) be transparent about how medical student support services data is used and the limits of confidentiality;
   iii) provide examples of best practice solutions of confidential student support services;
   iv) ensure student support services are fully confidential.

13 Motion by MEDICAL STUDENTS CONFERENCE: That this meeting believes that Looked After Children wanting to apply to medicine have equal value to the profession as other applicants and:-
   i) calls that children from care should not be discouraged from applying due to their personal background or lack of family support;
   ii) calls that children from care should receive additional support and information from universities during the application/interview process if requested;
   iii) calls that children from care should be allocated a contact from the university responsible for all students from care once a student at the university;
   iv) calls that children from care should be provided help in finding summer time accommodation for students with no out-of-term base;
   v) the BMA should lobby each medical school to produce a 'looked after children' policy to increase participation by people who were looked after children.

A 14 Motion by HOLLAND DIVISION: That this meeting believes that numbers of local foundation posts must be matched to anticipated number of graduates from the new rural medical schools.

NATIONAL HEALTH SERVICE  
Monday 10.15 – 11.15

* 15 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY MEDICAL STUDENTS CONFERENCE): That this meeting affirms its belief in a publicly funded and provided NHS and calls on the BMA to:-
   i) lobby relevant decision-makers to ensure the NHS is protected from future trade agreements which would threaten this status;
   ii) work with like-minded stakeholders to resist the privatisation of the NHS;
   iii) oppose the use or sale of NHS patient information for commercial purposes;
   iv) insist on an open national register of private contracts with full transparency of accounts, staff qualifications and quality of service.
15a **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting is extremely concerned at the reports of a post-Brexit UK/US free trade deal meaning that large American pharmaceutical companies could have unfettered access to our public National Health Service. This meeting further believes that our leaving of the European Union should not allow big pharma the backstop in to our health service that they missed out on when the EU pulled out of the TTIP (Transatlantic Trade and Investment Partnership) free trade deal with the USA. This meeting resolves to:-

i) call on the BMA to lobby all relevant groups in Parliament and the Government to ensure that a publicly funded and administered NHS is protected from any future trade agreements;

ii) call on the BMA to organise with likeminded organisations to take a stand against all attempts to sell-off our NHS;

iii) call on the BMA to reaffirm its belief in an NHS funded and ran by the people, for the people.

15b **Motion** by ISLINGTON DIVISION: That this meeting proposes that the NHS patient database should never be sold to any private enterprise and that any health benefits that research mining large NHS datasets provide, should be for the benefit to the population served by the NHS and not marketed.

15c **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting asks the UK government to prevent post Brexit trade deals from threatening our NHS.

15d **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting condemns the continuing privatisation of the NHS and calls for an open national register of private contracts, including waiting list initiatives by private hospitals, which needs to be produced and be published nationally. Full transparency of accounts, costs, profit, qualifications of doctors, and quality of service needs to be included.

15e **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting deplores the clandestine privatisation of NHS services. We call for publication of conflicts of interest, both current and past, of decision makers, including NHS leaders and politicians.

15f **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls on ARM to confirm BMA policy to support the provision of universal NHS healthcare publicly funded and provided according to clinical need, not profit.

* 16 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY SALISBURY DIVISION): That this meeting is concerned about multiple reports of problems with private providers of NHS services and demands:-

i) rigorous evaluation of outcomes compared with NHS services;

ii) that contracts must enable the provision of integrated, multidisciplinary care;

iii) private providers undertaking NHS contract work are required to treat a representative population case mix rather than excluding all but the lowest risk patients;

iv) that contracts should be withdrawn from private providers which fail to provide services of the required standard;
v) private providers which fail to provide services of the required standard are not eligible to bid for future NHS work.

16a **Motion** by SALISBURY DIVISION: That this meeting:-
i) is concerned about the possibility of deterioration in standard of care outsourced to independent providers;
ii) calls for rigorous evaluation of outcomes in children compared to NHS providers.

16b **Motion** by HOLLAND DIVISION: That this meeting demands that private sector treatment centres undertaking NHS contract work are required to treat a representative population case mix rather than excluding all but the lowest risk patients. Private sector treatment centres not able to meet this requirement should be:-
i) stripped of existing contracts;
ii) not eligible to bid for future NHS work.

16c **Motion** by TOWER HAMLETS DIVISION: (i) This meeting believes that the awarding of the contract to provide PET scanning to Inhealth in Oxford will fragment cancer services and will result in worse outcomes and poorer experiences for patients. (ii) This meeting calls on the BMA to vigorously lobby Government to overturn the contract and award it to the NHS Trust where integrated, multidisciplinary care can be given.

16d **Motion** by LONDON REGIONAL COUNCIL: That this meeting believes after the recent damning report we call on NHS England to prevent the use of private ambulance services for NHS bodies.

16e **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is not surprised by the report of the National Audit Office condemning the NHS PFI policy as a waste of resources and insists that the Government buys out these contracts to reduce the long term drain on NHS funding.

16f **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes that there is no role for Private Financed Initiatives (PFIs) within the NHS, and that:-
i) the Government should be open on the long-term costs of using PFIs within the health and social care sector;
ii) no further NHS contracts should be awarded to PFI companies;
iii) the ability to end PFI contracts should be investigated, so that the NHS is not constrained by exorbitant interest rates and fees.

* 17 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY ISLINGTON DIVISION): That this meeting, in respect of access to NHS services, the BMA should negotiate with NHS bodies to ensure:-
i) parity of access is equitable, clear and non-discriminatory for all patients;
ii) decision-making is based on clinical assessment of need and potential for benefit to the individual patient;
iii) services which alleviate pain, promote mobility and improve quality of life will remain within the NHS;
iv) commissioning decisions will include equity impact assessment, and public and clinical consultation.

17a **Motion** by ISLINGTON DIVISION: That this meeting believes that procedures of limited clinical value or efficacy (PoLCE) have opened unfair health inequalities between areas and are being introduced without adequate publicity or consultation with patients, local communities and practising clinicians. This meeting also believes that procedures which alleviate pain, improve mobility and quality of life should remain core NHS activity even when benefits are not immediately seen. This meeting believes that decisions regarding treatment should be taken by clinicians who have seen, assessed, counselled and consulted the patient and not by structures intent on cutting NHS funding. We call upon the BMA to negotiate with Simon Stevens to stop this damaging approach which strikes at the heart of the Doctor patient relationship.

17b **Motion** by ROTHERHAM DIVISION: That this meeting demands that the Government ensures that no-one receiving NHS care is disenfranchised because of lack of IT literacy or skills.

17c **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes disparities in health and social care are increasing, and have an adverse impact on the health and wellbeing of the most vulnerable members of society. This meeting calls for:-
   i) recognition that all patients deserve to have equal access to healthcare within the United Kingdom;
   ii) routine incorporation of an equity analysis within healthcare policies, so that interventions do not inadvertently worsen population-level disparities.

17d **Motion** by ISLINGTON DIVISION: NHS England are encouraging non-statutory bodies such as NCL partners to restrict access to ‘Procedures of limited effectiveness’. Some of these procedures are ineffective but others may be life-enhancing for some patients and this restricts GPs ability to make patient centred decisions and strikes at the basis of trust between doctor and patient. It does not seem that a proper impact assessment has been carried out and that women, older patients and transgender people in North Central London are discriminated against. We ask the BMA to lobby government to stop this programme being implemented. There has not been proper consultation or professional input.

17e **Motion** by JUNIOR MEMBERS FORUM: That this meeting notes the current lack of clarity and parity of access to trans health services and calls on the BMA to lobby NHS bodies to ensure:-
   i) clear pathways are easily accessible for both health care professionals and patients;
   ii) adequately funded shared care arrangements where appropriate;
   iii) appropriate streamlined and easily accessible lines of communication between any involved service providers and the patient;
   iv) smooth transition between child, adolescent and adult services.
17f **Motion** by CONFERENCE OF LMCS: That this meeting, with regard to procedures of limited clinical value:
- i) calls for proper, evidence-based evaluation of all treatments given this title, taking into account the cost consequences of not providing treatment;
- ii) calls for an end to acute trusts and CCGs insisting on prior approval being sought before referral for procedures of ‘limited clinical value’;
- iii) welcomes the NHS England consultation on procedures of limited value but demands that the evidence base for its implementation is approved by all stakeholders, including consultants, GPs and the public;
- iv) believes that many CCGs are inappropriately using the concept of “procedures of limited clinical value” to simply save money.

17g **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls on the BMA to work with other unions to:-
- i) remove the postcode lottery that restricts NHS funding for IVF and other NICE evidence based recommended procedures in some areas;
- ii) lobby Trusts to ensure HR staff are better trained to understand infertility amongst employees and;
- iii) amend Trust leave policies in order to allow paid time off for NHS staff going through fertility treatment.

17h **Motion** by EDGWARE AND HENDON DIVISION: That this meeting deplores that in areas where CCGs are in financial deficit, patients suffer postcode rationing, with GP practices being transferred unfunded specialist work from services being decommissioned from secondary care, as well as restricted access to some NHS treatments.

* 18 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY WIGAN DIVISION): That this meeting, in respect of the NHS Long Term Plan:
- i) welcomes and supports many of the aims and initiatives of the Plan;
- ii) believes that many of the ambitions of the Plan will be largely unachievable because of underfunding of the NHS;
- iii) asks the BMA to highlight to government and the public that the reforms and structural changes proposed are not in the interest of the NHS;
- iv) believes launching the Plan without an adequate workforce strategy will precipitate a greater crisis.

18a **Motion** by WIGAN DIVISION: That this meeting supports many of the ambitions contained within the NHS Long Term Plan, but believes the recent past, present and future underfunding of the service make those ambitions largely unachievable.

18b **Motion** by NORTH AND MID STAFFORDSHIRE DIVISION: That this meeting asks BMA to welcome and support NHS Long term Plan and to advocate tackling health inequalities, with particular focus on diverse communities in England.

18c **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting whilst welcoming many of the initiatives in the NHS Long Term Plan, regrets the yet more reform and structural changes which it will herald. The BMA must highlight to the government and the public those that will not be in the interest of the NHS.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting welcomes the extra funding in the NHS England Long Term plan but is seriously concerned that this does not go far enough to address rising patient need and believes:
  i) a significant proportion of the additional funding will go towards filling large provider deficits, reducing the funding available for service improvement and transformation;
  ii) dropping important NHS targets reflects the fact that extra funding available is still not enough to deliver the level of service doctors want to provide and patients should reasonably expect;
  iii) to genuinely improve the quality and range of care, providers would require an increase growing at a greater rate than in the NHS England Plan over the next 15 years.

Motion by LINCOLN DIVISION: This meeting notes the crucial role that integrated care teams are to play in the NHS long-term plan but condemns the lack of financial investment in neighbourhood teams and other integrated healthcare teams. This meeting believes that without such investment it will be impossible to realise the improvements in care envisaged and mandates the BMA to lobby for appropriate funding to these community teams.

Motion by LEWISHAM DIVISION: That this meeting notes that the NHS Long Term Plan is strong on rhetoric about the importance of prevention for the health of the nation. It asks the BMA to point out at every possible opportunity:
  i) that preventative services have been drastically cut back since Public Health was separated from the NHS, lost its ring fenced status and became subject to Local Government austerity measures;
  ii) that unless resources accompany the rhetoric of the Long Term Plan then the Plan is empty words.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes the NHS Long Term Plan cannot be delivered without a competent workforce and failure to deliver this will tip the NHS into an even greater crisis. We ask that the BMA demands urgent talks with the government on a Long Term workforce strategy covering the whole NHS.

Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY ENFIELD AND HARINGEY DIVISION): That, in respect of the NHS Long Term Plan, this meeting:
  i) does not support the imposition of funding cuts though efficiency savings;
  ii) does not support the shift of care from hospitals into the community;
  iii) does not support the shift of GP care to other healthcare professionals;
  iv) believes that Primary Care Network contracts will lead to Integrated Care Provider (ICP) contracts, which can be competitively tendered to private providers;
  v) believes that the NHS should be a system to provide healthcare according to clinical need;
  vi) opposes the NHS Long Term Plan as a plan for a market-driven healthcare system.
19a **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting does not support the following objectives of the NHS Long Term Plan:

i) to make huge funding cuts through efficiency savings assisted by the creation of Integrated Care Systems (ICSs);

ii) to hugely reduce emergency and elective hospital care;

iii) to shift care out of hospitals and into primary and community care;

iv) to increasingly substitute GP-led care with care provided by Allied Health Professionals working to wider Primary Care Network (PCN) protocols;

v) to establish the principle of “shared savings” at the heart of wider PCNs i.e. more funding in return for reducing hospital care;

vi) to arrange GP contract change to bring in new Network contracts to allow the setting up of wider PCNs, the essential building blocks of Integrated Care Systems (ICSs);

vii) to create 44 ICSs in England, one for each STP, on long term business style contracts, which would integrate, by contract, the commissioning and provision of primary healthcare and other medical services, as the ‘new service model.’

This meeting calls on the BMA to oppose the NHS Long Term Plan as a plan for a market driven healthcare system, and to reiterate its support for a publicly provided NHS for all, delivering healthcare according to clinical need.

19b **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls on the BMA to oppose the NHS Long Term Plan as a plan for a market driven healthcare system, instead of an NHS system devoted to provide healthcare according to clinical need for all.

19c **Motion** by LONDON REGIONAL COUNCIL: That this meeting believes the Long Term Plan does little to stop competition and procurement. This meeting calls on the Government to put in process an accelerated binding framework of legislative change to:

i) remove competitive tendering of clinical contracts;

ii) ensure ICS remain public bodies with the ensuing duties and responsibilities.

19d **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting alerts ARM that although the NHS Long Term plan states “We expect that ICP contracts would be held by public statutory providers,” (para 1.54 p 30) there is nothing to prevent long term Integrated Care Provider contracts being tendered out to large private corporations, as publicized by Prof Allyson Pollock and Professor Hawking et al. in their judicial review challenge of the ACO draft contract 2017. This meeting calls on the ARM to confirm BMA policy to support the provision of universal NHS healthcare publicly funded and provided according to clinical need, not profit.

19e **Motion** by LONDON REGIONAL COUNCIL: That this meeting alerts ARM that although the NHS Long Term plan states “We expect that ICP contracts would be held by public statutory providers,” (para 1.54 p 30) there is nothing to prevent long term ICP contracts being tendered out to large private corporations, as publicized by Prof Allyson Pollock and Professor Hawking et al in their judicial review challenge of the Accountable Care Organisations draft contract 2017.
*20 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY SHEFFIELD DIVISION): That this meeting believes that performance targets within the NHS:-
   i) must be evidence-based and must not be driven purely by political agendas;
   ii) must not attract financial sanctions for non-achievement;
   iii) should not include the measurement of productivity;
   iv) should be retained in the present format for the discharge from NHS Type 1 Emergency Departments of 95% of all patients within 4 hours.

20a Motion by SHEFFIELD DIVISION: That this meeting believes that all targets within the NHS must be evidence-based and must not be driven purely by political agendas.

20b Motion by JUNIOR MEMBERS FORUM: That this meeting deplores the practice of using arbitrary targets instead of patient focused clinical outcomes and is concerned about the manipulation of hospital episode statistics in order to meet targets. We ask the BMA to lobby the government to:-
   i) abolish fines for not meeting targets;
   ii) create gold standard tariffs to encourage patient orientated quality improvement.

20c Motion by LINCOLN DIVISION: This meeting believes that measuring “productivity” in the NHS is a fool’s errand since the outputs are undefined and is thus opposed to linking such “productivity” to pay.

20d Motion by MERSEY RJDC: That this meeting urges the BMA to:-
   i) support the continued use of the 4 hour target in the Emergency Department to assess and manage 95% of all patients who attend the department;
   ii) oppose any attempt by the Government to scrap or replace the 4 hour target with an alternative system;
   iii) oppose any attempt by the Government to relax the 4 hour target to a longer period of time, or reduce the percentage of patients to be seen within the target time;
   iv) oppose any attempt by the Government to relax the 4 hour target for certain patient groups, such as 'minors' patients.

A 21 Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that there is an acute shortage of resources in the NHS to provide safe patient care and:-
   i) that the increasing hospital waiting lists are unacceptable;
   ii) waiting times at A&E are not conducive to safe patient care;
   iii) waiting times for ambulances are totally unacceptable for emergency patient care.

A 22 Motion by CONFERENCE OF LMCS: That this meeting demands GPC lobby for legislation to reinstate the Health Secretary’s duty to “secure or provide” free of charge “a comprehensive health service for the prevention, diagnoses and treatment of illness” which was removed by the 2012 Health and Social Care Act, section 75.

A 23 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting welcomes the council chair’s round table meetings involving the Heath Secretary and NHS England Chief Executive and believes:-
   i) this engagement will further enable the development of a package of solutions which can be used to promote positive change in the NHS;
ii) the momentum engendered should be used to further lobby for legislative change in England to remove competition and procurement rules which waste resources and discourages collaborative working.

A 24 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is not surprised by the report of the National Audit Office condemning the NHS PFI policy as a waste of resources and insists that the Government buys out these contracts to reduce the long term drain on NHS funding.

A 25 Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes, that social care, like the NHS, should be publicly funded and provided free at the point of delivery.

A 26 Motion by TOWER HAMLETS DIVISION: That this meeting calls on the BMA to publicly support the Royal College of Physicians, the Royal College of Paediatrics and Child Health, the Royal College of Obstetricians and Gynaecologists and the Faculty of Public Health in their call for the suspension of regulations that force hospitals to charge overseas visitors upfront for NHS care.

A 27 Motion by BIRMINGHAM DIVISION: That all managers of CQC regulated health services should be subject to professional regulation including accountability for their fitness to practise and other individual liabilities.

WORKFORCE Monday 11.15 – 12.05

* 28 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY INVERNESS DIVISION): That this meeting is seriously concerned about the extent of bullying and harassment in the NHS and:-
   i) condemns bullying and salutes those who stand up to it;
   ii) congratulates the BMA on the stance adopted and the work undertaken thus far;
   iii) calls for mandatory training for all NHS staff on identifying and tacking such behaviours;
   iv) welcomes the Sturrock review and calls for the recommendations of that report to be implemented across the wider NHS;
   v) calls for the annual reporting by all NHS bodies of bullying and harassment cases and their outcomes.

28a Motion by INVERNESS DIVISION: That this meeting deplores bullying as an abuse of power that does not belong in our healthcare cultures and:-
   i) expresses its heartfelt condemnation of any bullying of doctors and other healthcare workers;
   ii) wishes to expose and nullify the malign tactics used by some people to target, intimidate, marginalise, and scapegoat others;
   iii) welcomes John Sturrock QC’s review of culture in NHS Highland;
   iv) demands coordinated actions from our professional associations and governments that will move UK healthcare towards a culture of learning and support.
Meeting Agenda:

28b **Motion** by LINCOLN DIVISION: This meeting congratulates the BMA on the work it has done to date on bullying and harassment in the workplace, including their recent survey and reporting helpline, but believes that it is time to work collaboratively with other organisations to achieve NHS-wide solutions. This meeting calls for:—

i) mandatory training for NHS managers on bullying and harassment, including how to recognise bullying in your own behaviour;

ii) the BMA to work with other healthcare unions to carry out surveys on bullying and harassment of their members in order to build a comprehensive picture of bullying in the NHS;

iii) a single point of access for all staff in the NHS to report instances of bullying or harassment regardless of professional background of the victim.

28c **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting recognises that regrettably, clinical academics are particularly vulnerable to bullying by supervisors, particularly those working within subspecialty training, and that additional support should be provided for vulnerable trainees.

28d **Motion** by INVERNESS DIVISION: That this meeting is seriously concerned about the psychiatric injury caused to victims of bullying in our healthcare settings and:-

i) empathises with those doctors who have suffered harm as a direct consequence of exposure to bullying;

ii) calls on the BMA to commission research into the mental health impacts of bullying on doctors;

iii) calls on the BMA to demand swift access to victim support programmes which provide diagnostic and treatment services to doctors who believe they have been bullied in the workplace.

28e **Motion** by WELSH SASC: That this meeting condemns the rate of bullying and harassment of NHS employees which has been confirmed by several surveys, and calls for the BMA to ensure that:-

i) every Employer to make exit interviews mandatory for all staff leaving their employment;

ii) LNCs to receive a summary of the exit interviews of medical staff each year.

28f **Motion** by BIRMINGHAM DIVISION: That the BMA should use both education and the full force of employment law to actively support the challenging of individual, collective and institutional bullying, harassment and victimisation in the NHS.

28g **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is dismayed by the prevalence of bullying and harassment in the NHS. This meeting instructs the BMA to campaign for mandatory annual reporting by the NHS of the number of reported incidents, grades of staff involved and the outcomes of all cases reported, and for clear active plans to tackle any form of discrimination, bullying or harassment in the NHS.

28h **Motion** by CONFERENCE OF LMCS: That this meeting deplores bullying as an abuse of power that does not belong in our healthcare cultures and:-

i) expresses its heartfelt condemnation of any bullying of doctors and other workers in the NHS;

ii) wishes to expose and nullify the malign tactics used by some people to target, intimidate, marginalise, and scapegoat others;
iii) bemoans the lack of effective whistle-blowing procedures across the NHS;
iv) salutes those individuals who have the courage to whistle-blow, when other processes have failed;
v) demands coordinated actions from our professional associations and governments that will move UK healthcare towards a culture of learning and support.

28i **Motion** by JUNIOR MEMBERS FORUM: That this meeting notes the absence of data in the UK regarding sexual harassment in the medical profession and calls upon the BMA:-
i) to explore mechanisms to assess levels of sexual harassment in medicine;
ii) to use the BMA bullying and harassment portal to gather anonymous testimony regarding sexual harassment in medicine;
iii) to signpost members and representatives to advice, support and resources regarding sexual harassment on the BMA website and through first point of contact.

28j **Motion** by EDGWARE AND HENDON DIVISION: That this meeting is deeply disappointed by the repeated displays of unprofessional behaviours and reminds the profession of the costs of incivility and calls upon the BMA to lead this debate with wider stakeholders with a view to embed a wider culture of inclusivity, fairness and equity amongst the profession.

* 29 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY SASC CONFERENCE AGENDA COMMITTEE): That this meeting is concerned that increasing workload and staff shortages are resulting in doctors of all grades experiencing stress and burnout and:-
i) demands that future working patterns of doctors are sustainable;
ii) demands that pastoral support be made available to all NHS staff;
iii) demands that mentoring be made available to all NHS staff;
iv) calls for annual reporting of staff wellbeing, morale and burnout by all NHS bodies.

29a **Motion** by SASC CONFERENCE AGENDA COMMITTEE: That this meeting acknowledges the high rate of clinical burnout and stress at work affecting the mental wellbeing of all doctors, particularly SAS doctors, due to the pressures of their professional practice and calls on the BMA to:-
i) highlight this issue of burnout and promote the wellbeing of the workforce;
ii) work with all NHS employers to implement appropriate supportive and preventative action;
iii) ensure that the working patterns of future doctors are sustainable and safeguard their wellbeing;
iv) insists that any new contract ensures that those doctors that work antisocial hours receive time to rest and recuperate.

29b **Motion** by NORTH DEVON DIVISION: That this meeting wishes to see support and mentoring for experienced doctors recruited internationally be made available to assist their first months working within the NHS.
29c **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting calls upon the BMA to work with all stakeholders to improve the professional and pastoral support offered to overseas doctors, particularly those that are recruited remotely (e.g. video interviews) to work as independent practitioners within the NHS.

29d **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on UK Governments to recognise the crisis in medicine and urgently respond to the information that:-

   i) 40% of doctors experience burnout;
   ii) over 90% of doctors report system pressures preventing the delivery of safe patient care;
   iii) the profession is near breaking point;
   iv) 7 in 10 junior doctors experience rota gaps.

29e **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is concerned that doctors’ increasing workload, amid staff shortages, risks medical staff burnout. This meeting urges the NHS to take steps to prevent this.

29f **Motion** by EASTERN REGIONAL COUNCIL: That this meeting is concerned that the GMC 2018 SoMEP report, the BMA "Supporting Health and Wellbeing at Work" report, and surveys by the RMBF all identify low morale, risk of burnout and illness, and a sense of isolation amongst the medical workforce as key findings. The absence of a NHS wide mentoring scheme for ALL doctors may well explain such findings. The benefits of formal mentoring programmes as used across industry by major employers in preventing such problems are well documented, and underpinned by published evidence:-

   i) we demand that a NHS wide scheme of mentoring is urgently instituted;
   ii) the BMA should lobby the government to fund such a scheme.

29g **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting is concerned that the increasing isolation and lack of support experienced by the medical workforce undermines their morale and self-confidence, is detrimental to their health and makes them vulnerable to poor decision making. In order to counter this we demand that a fully funded NHS wide mentoring scheme is implemented for medical staff. This should be developed in consultation with the profession, the BMA and the GMC.

29h **Motion** by EASTERN REGIONAL COUNCIL: That this meeting is convinced that formal employer mentoring schemes attract, engage, develop, retain, and support their employees to be the best and most productive that they can be (Bachkinova et al Int. coaching psychology review Vol 10 (2), Sept 2015. The absence of such a scheme in the NHS probably explains the demoralised, disenchanted, disaffected doctors identified in all surveys (GMC 2018 oMEP, BMA and RMBF), and the doctors’ sense of isolation and not feeling valued:-

   i) we demand urgent steps are taken to emulate best practice from industry within the NHS, and a formal mentoring scheme is set up;
   ii) the government must fund such a scheme to enable doctors to provide high quality patient care, enhance patient safety, and continue to work within the NHS.

29i **Motion** by CORNWALL DIVISION: That this meeting demands that an assessment of staff morale be adopted by the NHS as a key performance indicator for NHS Trusts.
**Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting welcomes the increasing role of non-medical members of the clinical workforce, with the following provisos:-

i) they must be fully trained for the role by a national certified body, preferably linked to a royal college;

ii) they must belong to a regulatory body;

iii) appropriate indemnity must be agreed with the employing body;

iv) they must be subject to an annual appraisal in the role leading to revalidation;

v) they must be seen to be part of a multidisciplinary team;

vi) they must have a title which makes it clear that they are not medically qualified.

30a **Motion** by ISLINGTON DIVISION: We note that one of the few Francis recommendations not accepted by the government was that healthcare assistants should be registered. The lack of regulation leads to variability of quality of care and safety. We call on the BMA to discuss with the government regulation of this staff group.

30b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises the appropriately long gap between medical student recruitment and the certification of fully trained specialists. However, it does not believe that dumbing down medical roles is the solution to staff shortages. We call on the BMA to lobby for mandatory, transparent identification of all healthcare workers’ qualifications and experience level.

30c **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is alarmed by the seriousness of the recruitment crisis facing the NHS right across the health system which must be urgently addressed to enable any prospect of advancing the NHS England Long Term Plan and demands:-

i) the necessity of resolving the implications of work moving from doctors to other health care workers be urgently addressed;

ii) there be a clear commitment to protect international movement of healthcare workers which would help recruitment in the medical workforce.

30d **Motion** by WIGAN DIVISION: That this meeting recognises the appropriately long gap between medical students’ first year and the certification of fully trained specialists. However, it does not believe that dumbing down medical roles is the solution to staff shortages. We call on the BMA to lobby for mandatory, transparent identification of all healthcare workers’ qualifications and experience level.

30e **Motion** by LINCOLN DIVISION: This meeting believes that current programmes to develop a flexible workforce are too rigid and too comprehensive and calls on the BMA to discuss with the AoMRC, GMC and other stakeholders to develop a more flexible and modular approach suiting local needs.

30f **Motion** by LEICESTERSHIRE AND RUTLAND DIVISION: That this meeting deplores the shortage of hospital doctors which results in oversubscribed out-patient departments and unacceptable delays between appointments and expects the BMA to address the issue of medical staffing as a matter of great urgency.
30g **Motion** by KESTEVEN DIVISION: That this meeting emphasis in appointing AHPs & nurse specialists to reduce cost and address doctors shortage. While this meeting agree that these posts should reduce doctors workloads there  
  i) should be clear line of accountability to the patient care and their work;  
  ii) doctors supervising and taking responsibility of the cohort of patients seen by the non medical workforce should have that recognised in their job plans as direct clinical care.

* 31 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH WEST REGIONAL COUNCIL): That this meeting recognises the need for mechanisms to allow doctors to raise and resolve concerns affecting their health and welfare and calls for:-  
  i) exception reporting to be made available for all grades of doctors;  
  ii) negotiating of contractual safeguards to allow senior hospital doctors the ability to withdraw from long term second on-call in appropriate circumstances;  
  iii) the Guardian of Safe Working to be truly independent and employed from outside the NHS.

31a **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting urges the BMA and NHS Employers to recognise the effects on individuals of long term second on-call responsibilities and to negotiate contractual safeguards that allow senior hospital doctors the ability to withdraw from such arrangements in appropriate circumstances and in the interests of their health and welfare.

31b **Motion** by SALISBURY DIVISION: That this meeting proposes that Exception reporting should be made available for all grades of doctors.

31c **Motion** by SALISBURY DIVISION: That this meeting calls for true independence of Guardian of Safe working by employing volunteers from outside NHS or Retired doctors.

31d **Motion** by MID-SURREY KINGSTON & Esher DIVISION: That this meeting requests that action should be taken to prevent one person holding the medical director and speak up guardian roles to prevent conflict of interest.

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

**CIVIL AND PUBLIC SERVICES**

Monday 12.05 – 12.10

33 **Receive:** Written report from the BMA civil and public services committee chair (Elliott King)

**Contingency time**

Monday 12.10 – 12.15
AFC

Monday 12.15 – 12.40

34 **Receive:** Report from BMA AFC representative (Adam Collins).

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

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

A 37 **Motion** by AFC: That this meeting acknowledges the work of the Surgeon General’s Department in addressing the continuing IT failures that were highlighted at the last two annual representative meetings, but calls upon the Surgeon General to effectively address and mitigate ongoing clinical risks to patients and doctors.

Session closes Monday 12.40

Monday 14.00 – 15.30

**SPEECHES FOR THE CANDIDATES IN THE ELECTION OF THE TREASURER, REPRESENTATIVE BODY CHAIR AND REPRESENTATIVE BODY DEPUTY CHAIR**

Candidates will be invited to give five minute speeches in support of their nominations, to be timed by the BMA Returning Officer. Questions to the candidates will not be permitted.

Monday 15.30 – 16.30

**PENSIONS OPEN SESSION**

Pensions are an important element of deferred pay. This session will discuss some of the current issues affecting doctors’ pensions, including the impact of the annual and lifetime tax allowance rules, as well as the work the BMA has done to inform members and lobby policy-makers.

Monday 16.30 – 17.05

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

38a **Motion** by WELSH COUNCIL: That this meeting believes that the current NHS pension scheme is bad for doctors and bad for the NHS because it will drive the NHS’s most experienced and expert doctors away from treating patients and demands that the BMA should campaign that all NHS workers:

i) should have a choice to pension only part of their earnings in the NHS scheme;

ii) should not be subject to annualisation of their earnings for pension contribution rate purposes;

iii) should, in a CARE scheme, contribute the same net rate to the scheme.

38b **Motion** by NORTH WEST WALES DIVISION: That this meeting notes with dismay the continued high level of contribution that NHS doctors have to make towards their pensions (up to 14.5% of their salary), which is not justified in what is now a career-average pension scheme, and calls upon the UK Government to address this appalling situation by pegging the doctors’ contribution rate to that of MPs (only 9.75% for a similar accrual rate).

38c **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting abhors the (unintended) damage the tapering annual pension allowance has resulted on the medical workforce. The Chancellor is urged to abolish the taper immediately and refund those affected by it since its inception.

38d **Motion** by N IRELAND (EASTERN) DIVISION: That this meeting notes the damaging effect that the pension annual and lifetime allowance changes are having on retention of senior consultants in Northern Ireland, and calls on Department of Health, Northern Ireland, Department of Finance and HMRC to consider a range of options to ameliorate this to the benefit of the health service.

38e **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: This meeting recognises that HMRC regulation affect pension contribution for consultants. Consultants in NHS are overworked and by providing additional sessions have been, improving quality and meeting waiting targets. In the process, remuneration increases and tax burdens and adversely affects pensions. Not only are these tax regulations forcing people to retire early but they are also forcing experienced consultants to cut back on the work they are doing before they are retiring. The implications of that combined effect on the service, which we work hard to provide to our patients is serious.

38f **Motion** by SCUNTHORPE DIVISION: That this meeting is concerned over the BMA’s warning to GPs on 1st March this year that doctors in their 30s reduce their working hours to nine or less sessions per week to avoid punitive tax charges on their pension contributions and asks the BMA to lobby the government to consider how it can reverse these detrimental effects this policy will have on its latest ten-year plan.
Motion by SCUNTHORPE DIVISION: That this meeting applauds the recognition by HMG Treasury that restrictions on pension contributions and life-time allowances have had a detrimental effect on retaining doctors in clinical practice leading to earlier retirement but calls on the BMA to actively lobby the Treasury to do more than just recognise this but to act decisively to reverse this detrimental trend.

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting believes that the NHS pension scheme is disadvantageous for all doctors:-
- as the method of calculating the annual contributions makes it easy to exceed the annual allowance;
- as it discriminates against younger doctors;
- as NHS locum doctors who become too ill to return to work or die on a day when not contracted to work for the NHS are not entitled to the same benefits as other NHS doctors (such as death in service);
- as female identified doctors who worked for the NHS prior to 1988 have reduced benefits for their widowers/ widows compared to their male colleagues;
- as the increase in employer’s contribution to 20.6% is the potential financial death knell for general practice partnerships after 2020 and is likely to make hospital and other trusts reduce the number of their already overstretched staff;
- and supports the BMA in any actions it deems necessary to improve the currently unacceptable scheme.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that the NHS pension scheme is disadvantageous for all doctors:-
- as the method of calculating the annual contributions makes it easy to exceed the annual allowance;
- as NHS locum doctors who become too ill to return to work or die on a day when not contracted to work for the NHS are not entitled to the same benefits as other NHS doctors (such as death in service);
- as female identified doctors who worked for the NHS prior to 1988 have reduced benefits for their widowers/ widows compared to their male colleagues;
- as the increase in employer’s contribution to 20.6% is the potential financial death knell for general practice partnerships after 2020 and is likely to make hospital and other trusts reduce the number of their already overstretched staff;
- and supports the BMA in any actions it deems necessary to improve the currently unacceptable scheme.

Motion by WIGAN DIVISION: That this meeting condemns the proposed increase in employers’ pension contributions by 6.3%, as it will inevitably reduce the impact of any increase in NHS funding.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting condemns the proposed increase in employers’ pension contributions by 6.3%, as it will eventually reduce the impact of any increase in NHS funding.

Motion by SCUNTHORPE DIVISION: That this meeting welcomes the proposed improvements to the pension scheme including providing civil partners and same sex spouses with the same survivor pension rights as widows but disagrees with the proposal to increase employer contributions from the current 14.38% to 20.6% as this will increase the cost to doctors who are self-employed by up to £7,000 per year and
calls on the BMA to lobby the government vigorously not to impose yet another burden on our profession and other allied professions.

38m **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting welcomes the proposed improvements to the pension scheme including providing civil partners and same sex spouses with the same survivor pension rights as widows but disagrees with the proposal to increase employer contributions from the current 14.38% to 20.6% as this will increase the cost to self-employed by up to £7,000 per year and calls on the BMA to lobby the government vigorously not to impose yet another burden on our profession and other allied professions.

38n **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting is appalled at the perverse disincentive to work from annual and lifetime pension allowances and its effect on the health service, and calls on the BMA to lobby government for changes in the tax system.

38o **Motion** by NORTH WEST WALES DIVISION: That this meeting notes with increasing concern that the current pension arrangements are forcing doctors reduce sessions and retire early. The effect of recent pension changes has made it more difficult for doctors to take on management posts, cover for colleagues and carry out waiting list initiatives because doctors taking on such work may trigger a tapered annual allowance resulting in an increased tax liability with no increase in their pension.

38p **Motion** by SALISBURY DIVISION: That this meeting regrets the current pension taxation policy which is having undesirable effects causing experienced doctors to reduce work hours, retire early or suffer severe financial dis-incentives to take on further roles.

38q **Motion** by NORTH EAST WALES DIVISION: That this meeting believes that the cap on pensions contribution is unfair and is causing serious reduction of manhours in the NHS because of senior doctors not taking on extra work and taking early retirement resulting in a waste of financial resources and a lowering of quality of care due to outsourcing of work load.

38r **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is horrified at a time of shortages of doctors that some are being driven to go part time by treasury imposed limits on contributions to pensions combining with sky high contributions levels.

* 39 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting acknowledges the unfairness of calculating pension contributions on the basis of full time equivalent earnings for doctors who work LTFT and that they should instead be based on actual earnings. We call on the government to calculate the loss of earnings to affected individuals and recompense them in full.
Motion by NORTH THAMES RJDC: That this meeting notes the lack of fairness within the Career Average Revalued Earnings (CARE) pension scheme and the damage of the lifetime pension cap. We call on the BMA to lobby relevant stakeholders to:

i) remove the lifetime earnings cap;
ii) calculate contributions base on actual hours worked and not on the whole-time equivalent (WTE) pay.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting demands that NHSE and Government stop prevaricating and take action to:

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

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting demands that NHSE and Government stop prevaricating and take action to:

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

Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY LOTHIAN DIVISION): That this meeting welcomes the UK government’s agreement to scrap the annual cap on the number of tier 2 visas, but believes there are still too many barriers to the recruitment of international healthcare professionals. This meeting calls on the BMA to:

i) lobby the government to significantly reduce the £30 000 salary threshold to reflect NHS pay scales;
ii) lobby the government for priority status for visas is established for health care staff at all grades;
iii) lobby the government for the abolition of the Immigration Health Surcharge;
v) join with other unions and professional organisations to campaign for changes to the tier 2 visa system.
41a Motion by LOTHIAN DIVISION: That this meeting:-
i) welcomes the UK government agreement to scrap the annual cap on the number of 'tier 2' visas;
ii) calls on the government to significantly reduce the £30 000 salary threshold to reflect NHS pay scales.

41b Motion by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that the BMA should lobby the government to lift VISA restrictions on doctors coming from overseas and treat medicine as a shortage profession.

41c Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the 'health surcharge' imposed on non-EU immigrants is unnecessary, it will affect recruitment to the NHS, and we therefore urge the BMA to meet with Home Office and DH officials to have this removed as a matter of urgency.

41d Motion by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting demands that the BMA should lobby the government to allow indefinite leave to remain to the dependent elderly parents of overseas doctors who are UK citizens.

41e Motion by JUNIOR MEMBERS FORUM: That this meeting believes the immigration health surcharge further threatens the recruitment crisis facing the NHS. We call upon the BMA to:-
i) lobby the relevant bodies to abolish the surcharge for international doctors wanting to work in the NHS;
ii) join with other unions and professional organisations to campaign for this change.

41f Motion by LOTHIAN DIVISION: That this meeting believes that there are too many financial and other barriers to recruitment of NHS professionals from abroad, and calls for health care professionals and their dependants to be exempt from the Immigration Health Surcharge.

41g Motion by NORTH AND MID STAFFORDSHIRE DIVISION: That this meeting asks BMA to demand Home office to stop Tier 2 Visa's fees for doctors where NHS trusts have to pay more than £1900 and doctors have to pay more than £2500 fees for their visa's, in this difficult times of recruitment crisis of doctors in NHS.

41h Motion by CONSULTANTS CONFERENCE: That this meeting believes that the health surcharge imposed on doctors arriving from non-EU countries is having a deleterious effect on recruitment. It asks the BMA to find a solution by working with NHS Employers and other stakeholders that will remove this burden from staff who are urgently needed to address the crisis in medical recruitment and retention.

41i Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the Government to ensure priority status for visas is established for health care staff at all grades.
**Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting is gravely concerned that the planned introduction of a salary threshold for migrants after Brexit will greatly exacerbate the current NHS staffing crisis. Consequently, this will negatively affect the quality of medical students’ education. This meeting therefore calls upon the BMA to petition the UK government to make all migrants applying to work in the NHS exempt from any post-Brexit minimum salary requirements.

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

**Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is frustrated with the misinformation that has been provided by politicians, leading to untold uncertainty over the last three years. This meeting demands that politicians who willfully misinform should be punished appropriately using the Recall of MPs Act 2015.

**Motion** by SHEFFIELD DIVISION: That this meeting demands the government to ensure that the public's health does not suffer in any way because of Brexit.

**Motion** by LOTHIAN DIVISION: That this meeting believes that charging migrant women for pregnancy care increases the chance of poor health outcomes for both mother and baby, and calls on the UK government to immediately suspend the charging regime, and the accompanying need for healthcare staff to administer and police the system.

**Motion** by SHROPSHIRE DIVISION: That this meeting is deeply concerned at the impact on patient care and disruption to primary care caused by medication supply failures. This meeting:
- i) is concerned about the future negative impact on medication supplies that leaving the EU may on the supply of drugs;
- ii) calls on the UK government and the NHS in each of the devolved nations to prioritise medication procurement.

**Motion** by CONFERENCE OF LMCS: That this meeting supports the NHS Long Term Plan in calling for the repeal of the compulsory procurement of health care provision (Section 75 of the Health and Social Care Act 2012) and to free the NHS from inclusion in the Public Contract Regulations.

**Motion** by LOTHIAN DIVISION: That this meeting notes that the UK government is out of step with European Union countries in having opted out of a 28 day limit on detention of asylum seekers and other migrants, and believes that the policy of indefinite detention:
- i) is harmful to the mental and physical health of detainees;
- ii) fails to acknowledge the human rights of detainees;
- iii) should cease immediately.
**A 49 Motion** by TOWER HAMLETS DIVISION: That this meeting calls on the BMA to publicly state its support for Tulip Siddiq and Paul Blomfield’s Bill calling for an end to the indefinite detention of migrants.

**A 50 Motion** by EDGWARE AND HENDON DIVISION: That this meeting recognises how wider system errors can contribute to clinical safety incidents and calls upon the BMA to lobby stakeholders to hold systems accountable where such failures occur.

**PRIVATE PRACTICE**

**Monday 17.40 – 17.45**

**51 Receive:** Report from the BMA private practice committee chair (Shreelata Datta).

**Session closes**

**Monday 17.45**
MEDICAL ACADEMIC STAFF  Tuesday 9.00 – 9.15

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

* 53 Motion by NORTH WEST WALES_DIVISION: That this meeting notes with concern the decrease in academic doctor numbers and asks for any workforce strategy to consider the positive contribution of academic medicine to the UK.

53a Motion by CONFERENCE OF_MEDICAL ACADEMIC_REPRESENTATIVES: That this meeting insists that in the current process to arrive at a workforce strategy by the DH and NHS England, and all current and future NHS workforce strategies in the devolved nations, must:-
   i) include the development of academic work as a key theme;
   ii) give active consideration to the benefits of academic work as a positive contribution to any NHS workforce strategy;
   iii) advise how furthering academic work can help prevent doctors leaving clinical practice early or reducing their hours;
   iv) highlight these points in any recommendations arising from these strategy discussions; and
   v) guarantee that MASC can take a full part in the current development of a strategy for the NHS workforce to ensure that these things happen.

BRITISH MEDICAL JOURNAL  Tuesday 9.15 – 9.35

54 Receive: Report from the BMJ publishing group chair (Jay Lippincott).

* 55 Motion by LONDON REGIONAL_COUNCIL: That this meeting believes, while upholding the principle of editorial independence, given the close association between the BMA and BMJ, that it should be tempered in practice to ensure that the BMJ does not act contrary to the business interests and policies of the BMA, and it calls for a binding memorandum of understanding between the two bodies to be agreed to that effect.

55a Motion by GREENWICH, BEXLEY & BROMLEY_DIVISION: That this meeting:
   i) notes the BMJ’s continued editorial bias towards assisted suicide, which conflicts with current BMA policy;
   ii) requests the BMA to ask the BMJ to show grater editorial balance on the subject of assisted suicide;
   iii) requests the BMA to reconsider its relationship with the BMJ if the editorial team continue their current bias towards assisted suicide and remain in conflict with BMA policy.

55b Motion by CARDIFF AND VALE OF GLAMORGAN_DIVISION: That this meeting deplores the bias in reporting by the BMJ of major ethical issues in relation to assisted dying and their failure to adhere to the convention of balanced journalism and presentation.
MEDICAL ETHICS

Tuesday 9.35 – 10.25

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

* 57 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY ISLINGTON DIVISION): That this meeting notes the recent decision by the Royal College of Physicians to adopt a neutral position on assisted dying after surveying the views of its members, and:-
   i) supports patient autonomy and good quality end of life care for all patients;
   ii) recognises that not all patient suffering can be alleviated;
   iii) calls on the BMA to carry out a poll of its members to ascertain their views on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying.

57a Motion by ISLINGTON DIVISION: That this meeting notes the recent decision by the Royal College of Physicians to move to a neutral position on assisted dying after a poll of all its members showed a shift in opinion over the last 5 years, with less than half of respondents now opposing a change in the law. We call on the BMA to:-
   i) poll a scientifically valid and representative random sample of its members to ascertain their views on assisted dying, including on what position the BMA should adopt this issue, including the option of neutrality;
   ii) reflect the result in our public position if it is clear that there is no clear majority for adopting a position on either side of the assisted dying debate.

57b Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting:-
   i) commends the Royal College of Physicians for surveying its members' views on assisted dying;
   ii) calls on the BMA to follow this example so that debate, statements and policy development can be evidence based and nuanced.

57c Motion by SHROPSHIRE DIVISION: That this meeting supports patient autonomy and good quality end of life care for all patients and recognises that not all suffering can be alleviated and that sometimes it is unbearable for the patient. This meeting:-
   i) believes that Assisted Dying (AD) is a matter for the society to decide;
   ii) calls on the BMA to adopt a neutral position on a change in the law with respect to assisted dying.

57d Motion by ISLINGTON DIVISION: That this meeting ask the BMA to carry out a poll of a random sample of its members to assess whether our policy should switch to taking a neutral stance on assisted dying.

* 58 Motion by SHROPSHIRE DIVISION: That this meeting condemns the fact that women in Northern Ireland are currently being discriminated against in their inability to access safe and legal abortions in Northern Ireland. This meeting:-
   i) notes with alarm that in 2016/2017 only 13 abortions were performed in Northern Irish hospitals compared to 861 abortions for Northern Irish women and girls in hospitals on mainland UK in 2017;
   ii) calls on the UK government to repeal sections 58 and 59 of the 1861 Offences Against the Person Act;
   iii) calls for the repeal of section 25 of the Criminal Justice Act (Northern Ireland) 1945.
58a **Motion** by ISLINGTON DIVISION: This house considers that as the policy on decriminalisation of abortion passed in 2017 has been misinterpreted in behind the scenes discussions about possible legislation that the BMA should make it clear that therapeutic abortion should be removed from the criminal code and standards of abortion practice controlled through regulation:

i) for women throughout pregnancy;  
ii) for doctors throughout pregnancy;  
iii) which applies to the entire United Kingdom.

59 **Motion** by SOUTH WEST LONDON DIVISION: That this meeting notes the proliferation of genetic testing services and calls on the government to provide the requisite legislation for:

i) regulation of genetic testing services in the NHS;  
ii) regulation of genetic testing services in the independent sector;  
iii) patients to receive pre and post-test counselling where predictive, diagnostic or prenatal tests are involved.

A 60 **Motion** by SHEFFIELD DIVISION: That this meeting recognises the importance of good palliative care for all life-limiting and distressing conditions, not only for cancer, and calls on the BMA to insist that the government ensures equal access across the whole population, particularly improving access to those in vulnerable groups and rural areas.

**FORENSIC AND SECURE ENVIRONMENTS**

Tuesday 10.25 – 11.00

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

62 **Motion** by LONDON REGIONAL COUNCIL: That this meeting believed the vast majority of post mortems (PMs) are performed in England and Wales under the jurisdiction of Her Majesty’s Coroner. The Coroner PM examination and the storage of tissue removed during PM examination do not require consent from the family of the deceased. However once the coroners authority has ended, consent is required from the deceased’s relatives to retain the slides and tissue. In practice this results in most histology slides and paraffin blocks of tissue taken at Coroners’ PMs are disposed of and are lost for teaching, educational and audit purposes. This meeting:

i) believes this a loss to medical education and maintaining good medical practice;  
ii) asks the BMA to discuss with the Royal Colleges, Coroners’ Society and other stakeholders the need to change the rules;  
iii) asks the BMA to lobby for a change in the Human Tissue Act and Coroner Rules in England and Wales to facilitate retention of the histology slides and paraffin blocks taken at Coroner’s autopsy for teaching, education and audit without the need of deceased relatives’ consent.

63 **Motion** by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting believes that painful control & restraint methods should be outlawed for use in secure children’s homes.
INTERNATIONAL  

Tuesday 11.00 – 11.25

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

65 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting fully endorses the BMA’s continued membership of the World Medical Association for the opportunity it provides to support and influence the development of global health policy.

66 Motion by NORTH EAST REGIONAL COUNCIL: That this meeting is appalled by the humanitarian crisis unfolding on the Greek islands, and elsewhere on Europe’s external borders, and the devastating impact this is having on the health of displaced people. We call upon the BMA to lobby nationally and internationally for:-
   i) the establishment of legal routes for those seeking asylum in Europe, including the UK;
   ii) the protection of the human rights, specifically the health-related human rights, of all displaced people;
   iii) the UK to fully recognise its obligations under the 1951 Refugee Convention;
   iv) the UK to take a leading role in developing a humane international response to forced migration.

WALES  

Tuesday 11.25 – 11.40

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

68 Motion by CLWYD NORTH DIVISION: That this meeting notes with dismay that Welsh Government has stated that it supports GPs on the one hand but demonstrates contempt for them on the other in announcing that GP indemnity is to be funded from the GMS contract, and calls upon the BMA to:-
   i) campaign for provision and funding of indemnity in line with that provided in secondary care;
   ii) campaign for formal health economic assessment of the costs of health board managed practices and the value of GP Partnerships.

69 Motion by WELSH COUNCIL: That this meeting whilst welcoming and acknowledging the efforts currently being undertaken within Welsh hospitals, GP surgeries and other NHS premises to increase the proportion of waste that is collected for recycling, this meeting calls on the Welsh Government and Welsh NHS employers to support a Wales-wide initiative aimed at further boosting recycling from all NHS premises in Wales.

NORTHERN IRELAND  

Tuesday 11.40 – 12.15

70 Receive: Report from the BMA Northern Ireland council chair (Tom Black).

71 Motion by NORTHERN IRELAND COUNCIL: That this meeting warns that attaching criminal sanctions to the professional duty of candour for individual doctors in Northern Ireland is out of step with patient safety developments elsewhere in the UK and Ireland and calls on the department of health in Northern Ireland to:-
   i) create the conditions for openness and transparency by providing protections for doctors, such as the Open Disclosure provisions in the Republic of Ireland to enable doctors to raise concerns and protect patients;
ii) acknowledge best practice in patient safety and raising concerns from other health jurisdictions and urgently adopt these in Northern Ireland;
iii) commit to the development of a culture where learning not blaming is a priority, lessons are learnt and disseminated across the healthcare system.

72 Motion by NORTHERN IRELAND COUNCIL: That this meeting is dismayed at the ongoing lack of a functioning devolved government in Northern Ireland and is concerned that this is having a negative impact on the delivery of health and social care. We call on politicians to urgently re-form the devolved Northern Ireland Executive and to take the key decisions that are needed to protect the health and social care needs of the population in Northern Ireland.

73 Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting recognises the unacceptably high suicide rate in Northern Ireland, with more people having died by suicide since the Good Friday Agreement 1998 than the total number of lives lost due to the Troubles and calls on the government to fund mental health services and other stakeholders adequately, at least to the level of that in the rest of the UK, in order to address this.

Contingency time Tuesday 12.15
Session closes Tuesday 12.20

ANNUAL GENERAL MEETING Tuesday 12.20 – 12.30

187th ANNUAL GENERAL MEETING to be held in the International Conference Centre Belfast, Belfast on Tuesday 25th June 2019 at 12.20 pm.
ARM ADDITIONAL PROGRAMME FOR TUESDAY AFTERNOON

When: Tuesday 25 June 2019: 2.00 – 3.30pm
Where: Hall 1, first floor, ICC Belfast

Caring for doctors' health and wellbeing

This session will be chaired by Dr Helena McKeown, BMA acting chair of the representative body.

The BMA has a keen interest in the health and wellbeing of medical students and doctors. A healthy and happy workforce will deliver better patient care.

One year ago, Professor Dinesh Bhugra, BMA president, launched a major project to increase the understanding of the prevalence of mental health issues among the medical profession, attitudes towards seeking support, and whether the support services currently available meet service users’ needs. The overarching objective of the project is to inform the development of policy solutions to improve the mental health support available for medical students and doctors.

During this session the president will provide an overview of the key findings of his project, its recommendations, and how the BMA will be taking this work forward.

His speech will be followed by a forum theatre piece delivered by Performing Medicine – the sector leaders in arts-based approaches to professional development for health professions - which will focus on staff wellbeing and mental health. Performing Medicine run an award-winning programme of events, courses and workshops for health professionals and students.

Fictional scenarios will be played out by actors, and the audience watching will be invited to give the characters advice, to rewind time and to replay the scenarios. We hope this will provide the audience with new insights on this vital topic and help medical professionals better support each other and colleagues.
**PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL**

*74* Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY LONDON REGIONAL COUNCIL): That this meeting asks the BMA to call on the relevant bodies to review within twelve months the impact on doctors of the involvement in an NHS complaints procedure, in particular with regard to:-

i) impact on the health of doctors;  
ii) impact on patient care;  
iii) the part played in complaints by unrealistic expectations and how this can be addressed;  
iv) BMA council working with BMA patient representatives to review and propose a fair and streamlined complaints procedure;  
v) raising awareness of the pressures on the NHS and realistic expectation of the service and its staff.

74a Motion by LONDON REGIONAL COUNCIL: That this meeting with respect to doctors working in the NHS, and within a 12 month time frame. We call upon the NHS executive to conduct a review of the complaints process, in particular:-

i) the impact on doctor’s mental health;  
ii) the impact on doctor’s future functioning;  
iii) the impact on patient care;  
iv) any improvements which can be made;  
v) the difference between Complaints and Feedback.

74b Motion by BUCKINGHAMSHIRE DIVISION: That this meeting believes that one of the significant causes of doctor burn out and low morale is the current multiple jeopardy complaints systems and demands that:-

i) there must be a wholesale reform of all the complaints procedures;  
ii) BMA council works with the BMA patient representatives and relevant other organisations to develop proposals for a fair and streamlined complaints procedure.

74c Motion by LONDON REGIONAL COUNCIL: That this meeting calls upon the NHS executive to create a Code/Charter for the handling of complaints.

74d Motion by BIRMINGHAM DIVISION: That this meeting, recognising the importance of partnership with patients, calls for the BMA to lobby stakeholders in all four nations to increase patient awareness of pressures on the NHS and encourage them to set realistic expectations of the service and its staff.

74e Motion by BIRMINGHAM DIVISION: That this meeting believes that the repeated raising by politicians of expectations of the NHS leads to user dissatisfaction, increased complaints and defensive practice, and undermines patient self-care and staff morale and retention.

74f Motion by EDGWARE AND HENDON DIVISION: That this meeting recognises that complaints can create extreme distress and mental ill health for doctors and that many of these complaints may be unjustified. This meeting calls for the creation of independent complaint mediators who can support both doctors and patients at an early stage to enable resolution and identification of contributory systemic factors.
74g **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that one of the significant causes of doctor burnout and low morale is the current multiple jeopardy complaints systems and demands that:-

i) there must be a wholesale reform of all the complaints procedures;

ii) BMA council works with the BMA patient representatives and relevant other organisations to develop proposals for a fair and streamlined complaints procedure.

75 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting instructs council to obtain legal opinion clarifying the legal, GMC and contractual position of a doctor refusing to work knowing that they cannot guarantee patient safety due to system failure such as (but not limited to) significant clinical understaffing, IT failure, lack of support staff and to clarify the legal and GMC position if a doctor does work in these circumstances.

* 76 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting is concerned by the increasing numbers of doctors that are suffering from burnout and demands that HM Government:-

i) reduces the bureaucratic burden of assessments during training;

ii) reduces the bureaucracy created by appraisal and revalidation;

iii) reduces the CQC inspection system which is causing stress to medical and other healthcare staff;

iv) recognises that constant inspection does not produce improvement unless funding, staffing and appropriate resources are also improved.

76a **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.

76b **Motion** by SHROPSHIRE DIVISION: That this meeting is concerned by the increasing numbers of doctors that are suffering from "Burnout" and asks the government:-

i) to reduce the bureaucracy created by appraisal and revalidation;

ii) to reduce the CQC inspection system which is causing stress to medical and nursing staff;

iii) to recognise that constant inspection does not produce improvement unless funding, staffing and appropriate resources are also improved.

76c **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting considers that the requirement for appraisal of doctors every year no longer serves the public nor the profession but uses time and funds which could be better spent on patient care.

77 **Motion** by CONFERENCE OF LMCS: That this meeting believes the GMC suffers from a top-down institutional lack of insight and demands that the BMA works to ensure that:-

i) the GMC is reorganised with independent senior medical leaders overseeing its reorganisation;

ii) the GMC becomes simply a licensing body and all disciplinary matters become the remit of the MPTS;

iii) a final decision made by the MPTS is just that and cannot be appealed by the GMC;

iv) the GMC will be directly funded from taxation with no loss of income to any doctor.
Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting proposes that the General Medical Council be stripped of the power of appealing against the decision of the Professional Tribunal, as happened in the case of Bawa-Garba, by spending the Annual Subscription paid by licensed doctors.

SCIENCE, HEALTH AND SOCIETY

Wednesday 9.40 – 10.25

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

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting directs the BMA to act upon the IPCC report; to declare a Climate Emergency, to plan, campaign and cooperate to deliver carbon neutrality by 2030.

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting in light of poor progress on air quality in both London and Paris, coupled with advice from PHE to walk (not drive) to school, demand action to control air quality. Recognising that air pollution arises from our Carbon footprint, this is a Public Health and Climate Emergency and we direct the BMA to declare the Climate Emergency and to work to influence policy in the interest of Public Health. Ref, King’s College London and Airparif research, Daily Mail, PHE report, and student strikes over climate through USA, this day. Inspired by Greta Thunberg’s school strikes in Europe.

Motion by LEWISHAM DIVISION: That this meeting notes the tragic death of Ella Kissi-Debrah, and the application to the High Court for a new inquest as the original inquest failed to consider the impact of air pollution on her death. It calls on the BMA to increase the profile of its campaigning on the health effects of pollution.

Motion by TOWER HAMLETS DIVISION: i) That this meeting commends Greta Thunberg for highlighting the climate crisis and inspiring a large movement of young people to protest against the lack of government action to avert climate catastrophe. ii) This meeting calls on the BMA to declare a climate emergency.

Motion by SOUTH WEST LONDON DIVISION: That this meeting notes the substantial evidence for climate change, and the real threat that this poses to the health of individuals and populations. We believe that the NHS should lead the way in adopting environmentally friendly policies where possible. We call upon the BMA to lobby, and work with relevant stakeholders to ensure that environmental policies for hospitals should be examined as part of the well-led domain of CQC inspections.

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes that:- i) global warming impacts on the health and wellbeing of the population, and that we are approaching a climate catastrophe; ii) the students engaged in the school climate strike should be supported; iii) the NHS and its supply chain should be fully decarbonised by 2030, with the BMA and other health unions involved in the planning and delivery of this decarbonisation.
* 81  **Motion** by LONDON REGIONAL COUNCIL: That this meeting recognises the detrimental effect social media has had on the lives of some young people in society, and the vulnerability that they experience when they feel isolated from the community that surrounds them. We ask the BMA to lobby the UK government to:-
  i) implement binding standards compelling social media networks to prevent the active promotion of self-harm and suicide as a means to deal with mental health issues;
  ii) mandate social media networks to implement mental health safeguards for any self-harm-related content visible to at-risk individuals, such as children and adolescents.
  These may include verification that the user is 16 or over, and promotion of child and adolescent mental health charities;
  iii) prosecute media corporations who are found to spread false news surrounding the suicide of a person.

81a * **Motion** by N IRELAND (EASTERN) DIVISION: That this meeting notes the harmful effects that unfettered access to social media can have for patients with eating disorders and supports regulation of social media content harmful to health.

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

82a * **Motion** by WEST MIDLANDS RSASC: That this meeting calls on the UK government to create legislation to protect girls from the practice of breast ironing.

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

Wednesday 10.25 – 11.00

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

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

85a Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting is seriously concerned by the increased number of homeless people living and sleeping outdoors across the UK. This meeting also recognises the deleterious effects of homelessness on physical and mental health. Conference, therefore calls on the governments of the UK to:—
   i) commit additional resources and commission dedicated teams to support the primary medical care of these vulnerable people;
   ii) ensure that no person completing a prison sentence is released to conditions of homelessness.

85b Motion by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that the growing population of people who are homeless or experience multiple exclusion face some of the largest health inequalities in the UK. We thus call upon the BMA to lobby for:—
   i) medical schools to ensure that the healthcare needs of this population are included in their curriculum and relevant OSCE-style scenarios integrated into undergraduate training;
   ii) health boards to provide NHS clinical staff with local guidelines including admission and discharge procedures for patients from this population;
   iii) health boards to explore integrated models of inpatient healthcare for this population such as the pathway team.

85c Motion by SCOTTISH COUNCIL: That this meeting recognises that the growing population of people who are homeless or experience multiple exclusion face some of the largest inequalities in the UK. We thus call upon the BMA to lobby for:—
   i) medical schools to ensure that the healthcare needs of this population are included in their curriculum and relevant OSCE-style scenarios integrated into undergraduate training;
   ii) health boards to provide NHS clinical staff with local guidelines including admission and discharge procedures for patients from this population;
iii) health boards to explore integrated models of inpatient healthcare for this population such as the Pathway team.

85d Motion by MEDICAL STUDENTS CONFERENCE: That this meeting recognises the harmful health effects of homelessness and the burden these place on the NHS in a time of limited resources. The market’s failure to provide enough affordable houses causes direct costs to both the NHS and the health of the nation. The BMA should:-
  i) recognise homelessness as a health crisis manufactured by the housing market;
  ii) lobby for the creation of social housing;
  iii) lobby for increased taxation on the creation of luxury homes to help fund the creation of social housing and offset the costs incurred by the NHS;
  iv) investigate whether social housing represents a cost-effective treatment for the conditions commonly associated with homelessness.

* 86 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY TOWER HAMLETS DIVISION): That this meeting believes that everyone has the right to a decent, affordable home and:-
  i) welcomes the 2019 Shelter report “Building for our future: A vision for social housing”;
  ii) calls on all political parties to include a commitment to implement the Shelter report recommendations in their next election manifestos.

86a Motion by TOWER HAMLETS DIVISION: That this meeting welcomes the Shelter report “Building for our future: A vision for social housing and endorses its recommendations for:
  A twenty year programme of investment to build 3.1 million social homes
  New, effective regulation of all landlords
  Tenant organisation or tenant unions
  Reforming private renting including ending Section 21 evictions.
  Furthermore this needs to include a clear commitment to build at least 100,000 council homes a year for rent at social rent with secure tenancies.
  This meeting calls on all political parties to include a commitment to implement these recommendations in their next election manifestos
  This meeting calls on the BMA to campaign with Shelter and others to bring these recommendations into being.

86b Motion by TOWER HAMLETS DIVISION: That this meeting believes that everyone has the right to a decent, affordable home:-
  i) that this meeting deplores the selling of its estate on the open market by Peabody Housing Association;
  ii) that this meeting calls on the BMA to lobby Government for an immediate council house building programme to redress the decimation of council housing stock.

86c Motion by NORTH AND MID STAFFORDSHIRE DIVISION: That this meeting asks BMA to work with local government agencies to set clear standards for health promoting environments for new housing developments and mandate these standards for them to implement.
Motion by MEDICAL STUDENTS CONFERENCE: That this meeting is extremely concerned about the growing presentation of knife crime in emergency departments across the UK. We therefore call on the BMA to:-
  i) support the work of national charities and projects that aim to tackle this as a public health issue and acknowledges the role healthcare professionals have in tackling this issue alongside other government initiatives;
  ii) ensure medical students are aware of the social impacts of knife crime on the individual and community via integration of a session into the medical school curriculum from eg charities / local projects that tackle this issue.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting disagrees with the current Home Secretary that knife crime is a 'disease'. However, we would like the BMA to convene all relevant stakeholders to address those issues that are relevant to the medical profession so that we can secure a safer environment for the future.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that turning doctors into part of the policing system will undermine the doctor patient relationship and public confidence and therefore demands that the BMA campaigns against proposals for a legal duty for clinicians to identify and report those at risk of knife crime.

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting believes that the recent UK Government announcements that aim to hold healthcare professionals legally accountable for identifying and reporting perpetrators of knife crimes is unacceptable as:-
  i) there is no credible evidence to suggest that such an initiative would have a meaningful impact on knife crime numbers;
  ii) there is a risk that healthcare professionals will be scapegoated for nebulous societal problems that are far removed from their core areas of responsibility or expertise;
  iii) it risks diverting attention from the true causes of knife crime such as rising socioeconomic inequality;
  iv) it will compromise the doctor duty of confidentiality and the patient trust in the healthcare professional- patient relationship.

COMMUNITY AND MENTAL HEALTH

Wednesday 11.00 – 11.30

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

Motion by CONSULTANTS CONFERENCE: That this meeting calls upon the Department of Health and Social Care to commit to:-
  i) increasing mental health funding incrementally over the period of the 10 Year Plan to reach a minimum of 25% of overall budget in line with mental health treatment need and activity levels;
  ii) parity of resource, access, and outcome for mental and physical health services rather than esteem;
  iii) requiring those commissioning local services to allocate adequate, ring fenced funds for mental health promotion and prevention in line with the 10 year plan.
89a **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls upon the Department of Health and Social Care to commit to:-
   i) a significant increase to mental health funding immediately and to spend a minimum of 25% of the overall NHS budget by the completion of the 10 year plan, to ensure funding is in line with mental ill health care needs and activity;
   ii) parity of resource, access, and outcome for mental and physical health services;
   iii) requiring Public Health to allocate adequate, ring-fenced funds for mental health promotion and prevention in line with the 10-year plan;
   iv) commissioning a fundamental root and branch independent review of services for people in mental health crisis to develop and implement a national, integrated, easily accessible, fully funded service.

89b **Motion** by CONFERENCE OF LMCS: That this meeting deplores the failing of commissioners to adequately invest in mental health care thus causing a failure of service provision in many parts of the country and implores the health secretary to:-
   i) recognise that poor mental health has a major impact on all strata of society to the detriment of the nation;
   ii) massively increase spending in mental health training and provision through the NHS;
   iii) increase spending in social care proportionately; recognising that many of the mental health problems we encounter are a direct result of inadequate social care provision.

89c **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting believes that the only way of ensuring adequate funding for all mental health services is for them to be provided by a separate, national, secure funding stream determined on an appropriate percentage of all health spending. We ask the BMA to produce a review of how this might be established and a plan for pursuing it.

89d **Motion** by BRADFORD & AIREDALE DIVISION: That this meeting urges the NHS should give priority to the continued development of mental health service in the UK.

89e **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting is dismayed at the lack of progress towards parity of access and resources between mental and physical health, and calls on the BMA to partner with mental health charities to publicise inequalities.

90 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting reaffirms the fact that elderly people deserve access to high quality health and social care, and demands that:-
   i) care homes are nationalised in order to achieve and maintain a national standard of residential and nursing home care;
   ii) care home staff are subject to NHS appraisal processes and terms and conditions of service;
   iii) home-based social care should be provided by NHS organisations;
   iv) there should be an increase in the provision of residential and nursing home beds, so that hospital patients in need of supported accommodation are not faced with long delays for supported living.
Motion by NORTH AND MID STAFFORDSHIRE DIVISION: That this meeting asks the BMA to demand increased funding in palliative care, specifically funding for hospices to help end of life patients and their families which also will reduce pressure on overstretched hospitals.

Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recognises the serious and deeply ingrained problems with the commissioning and provision of children’s and adolescents’ mental health services across England and calls on the BMA to focus attention on and lobby to improve these services.

Contingency time

Wednesday 11.30

Wednesday 11.35 – 12.35

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

Caring, supportive, collaborative: A future vision for the NHS

What needs to change to improve the working lives of doctors in the NHS?

After a long campaign of engagement with members working on the frontline, ARM will be asked to discuss proposed solutions to create better working conditions for doctors and establish a truly caring, supportive and collaborative NHS

Representatives will have the opportunity to hear from and ask the chair of UK council, as well as the devolved nations council chairs, what these proposals will mean for health services in England, Wales, Scotland and Northern Ireland.

Representatives are asked to familiarise themselves with the report circulated in the delegate packs.

CHARITIES

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

Session closes

Wednesday 12.40
OCCUPATIONAL MEDICINE  Wednesday 14.00 – 14.20

94 Receive: Report from the BMA occupational medicine committee chair (Mark Weir).

* 95 Motion by OXFORD DIVISION: That this meeting:-
   i) notes with regret that the UK is the only major European country that does not have a legal requirement for the mandatory provision of occupational health services (other than for 0.1% of the working population);
   ii) deplors the 2016 All-Party Parliamentary report findings that 87% of UK workers have no access to an occupational physician and consequently are denied access to the specialist medical expertise required for the prevention of further harm to their health and on the work adjustments required to allow them to continue to work;
   iii) calls on government to introduce a statutory requirement for the provision of high quality occupational health services for all working people in the UK, either through the NHS or as an obligation on employers.

95a Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that occupational health support for staff in the NHS is highly variable quadrinationally and calls on the BMA to:-
   i) create guidance on good practice in occupational health support for staff;
   ii) lobby employers to provide appropriate occupational health support to all staff;
   iii) ensure all employees are able to self-refer directly to occupational health.

95b Motion by SCOTTISH COUNCIL: That this meeting calls on the NHS employers to provide better support for doctors to facilitate a timely and successful return to work after any significant absence including such absence due to mental health issues.

95c Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting congratulates the Association on its workload survey last year with the evidence of high work load 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.

95d Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes with concern that due to the lack of access to occupational health services by the workers most at risk of developing occupational diseases, they are denied early detection of work-related harm to their health, the opportunity to avoid further harmful exposures and support in regaining their fitness to work.

95e Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting calls on government to introduce a statutory requirement for all working people to be provided with access to high quality occupational health services through the NHS or as an obligation on employers.

95f Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes with shame that a 2017 EU evaluation of compliance with safety and health Directives found that whereas the average percentage of establishments making available Health Surveillance to their workforce amongst EU members is 65%, this is only 18% in the UK.
**96** Motion by JUNIOR MEMBERS FORUM: That this meeting expects equal treatment for mental and physical ill health for medical students and doctors to reduce stigma for people taking sick leave due to mental ill health, and calls on the BMA to produce best practice guidelines for universities and employers.

**96a** Motion by JUNIOR MEMBERS FORUM: That this meeting notes that mental health is a problem which is increasingly affecting medical professionals. We call on the BMA to introduce information on how to signpost doctors to available support services within the compulsory training module for LNC representatives. Furthermore, LNC reps should be provided with information to publicise those services locally.

**96b** Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting acknowledges with dismay the increasing number of doctors and medical students accessing the Papyrus suicide prevention helpline. It calls for the BMA to seize leadership to:

i) work with relevant stakeholders to produce a comprehensive, evidence-based report exploring underlying factors with realistic recommendations to address them informed by the ‘lived experiences’ of those affected;

ii) produce a wellbeing map of regional and national resources available to all medical students and doctors;

iii) to identify localities with best and worst practice and monitor change.

**96c** Motion by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that the mental health problems of medical students differ from those of other students due to the demands of the course and lifestyle. We believe that these specific problems are not addressed effectively by university wide mental health services. We call on the MSC to:

i) collect information on current levels of mental health support at medical schools;

ii) engage the wider BMA in work to dismantle the myth of the ‘perfect doctor’ as well as stigma around mental illness;

iii) lobby medical schools to urgently review the suitability of their mental health support services and especially their opening hours;

iv) lobby medical schools to establish specific mental health services for medical students, with the number of counsellors employed in proportion to the number of students;

v) lobby the Medical Schools Council to include self-care and early warning signs of mental illness in the medical curriculum.

**A 97** Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this conference calls on the BMA to explore occupational factors contributing to stress at work and burnout in doctors and seek urgent preventive action by NHS Employers.

**CLINICAL AND PRESCRIBING**

**Wednesday 14.20 – 14.40**

**98** Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY ROTHERHAM DIVISION): That this meeting, noting the policy of the BMA is to support free NHS prescriptions, demands a review of prescription charges in England and asks for:

i) a review of FP92A (Application for Prescription Charge Exemption Form) as it is out of date;

ii) the extension of conditions eligible for medical exemption;

iii) a cap on the maximum charge to each individual patient in one year.
98a **Motion** by ROTHERHAM DIVISION: That this meeting believes that the FP92A (Application for Prescription Charge Exemption Form) in England is out of date and needs reviewing.

98b **Motion** by CONFERENCE OF LMCS: That this meeting demands a review of prescription charges in England, to specifically include:
   1. The extension of the conditions eligible for medical exemption;
   2. A cap on the maximum charge to each individual patient in one year.

98c **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is concerned that the UK has the highest rate of deaths from asthma for young people aged 10-24, compared to all European countries in the comparator group and calls for free asthma prescriptions in England for young adults, up to and including 24 years of age.

98d **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes health inequalities are increasing and having an adverse impact on the health of the most vulnerable in society and, in light of this, calls for NHS prescriptions in England to come into line with those in the devolved nations and become free as far too many patients, with chronic conditions requiring ongoing medication, are now unable to pay for their prescriptions.

* 99 **Motion** by BIRMINGHAM DIVISION: That medicines supply shortages are becoming more frequent and the BMA should:
   1. Monitor these shortages;
   2. Challenge the lack of NHS action to address the problem;
   3. Raise public awareness of the issue.

99a **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises the unacceptable shortage of medicines in the UK which has a serious impact on patient care. Urgent steps need to be taken to assure adequate supplies of medicines to meet the clinical needs.

**DOCTORS' PAY AND CONTRACTS**

* 100 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE): That this meeting:
   1. Believes that future discussions on doctors’ pay should be informed by earnings data for other comparable jobs in the modern economy;
   2. Has no confidence in the Review Body on Doctors' and Dentists' Remuneration (DDRB);
   3. Calls on the Review Body on Doctors' and Dentists' Remuneration (DDRB) to be replaced by a transparent, fair and independent system of reviewing doctors’ pay;
   4. Calls on the BMA to ballot members of the Association for industrial action if the next pay award is deemed not acceptable.
Motion by JUNIOR DOCTORS CONFERENCE AGENDA COMMITTEE: That this meeting calls upon the BMA to:-
   i) condemn the continued interference by the Review Body on Doctors' and Dentists' Remuneration (DDRB) in contractual matters;
   ii) lobby the Review Body on Doctors' and Dentists' Remuneration (DDRB) to return to its narrow, neutral, independent mandate, free from government interference;
   iii) lobby for the Review Body on Doctors' and Dentists' Remuneration (DDRB) to recommend a package in the next round of recommendations to increase Junior Doctor real terms take home pay by, at least, 22.5% (as per the 22.5% reduction over the last decade);
   iv) lobby BMA to completely withdraw and make no submission to the 2020-2021 Review Body on Doctors' and Dentists' Remuneration (DDRB) process if the next DDRB award is deemed not acceptable to junior doctors;
   v) lobby BMA to consider alternative future strategies in which to negotiate pay awards with the Government;
   vi) ballot members for industrial action, should JDC feel that the next round of the Review Body on Doctors' and Dentists' Remuneration (DDRB) recommendations are unacceptable to members.

Motion by NORTHERN RJDC: That this meeting believes the erosion in doctors pay must be reversed and the BMA should ballot the association’s membership for industrial action if steps are not taken in 2019 by the government and employers to reverse a decade of falling pay across the profession.

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes the erosion in doctors pay must be reversed and the BMA should ballot the association for industrial action if steps are not taken by the government and employers to reverse a decade of falling pay across the profession.

Motion by BIRMINGHAM DIVISION: That the DDRB is no longer fit for purpose and should be replaced with a transparent, fair and independent system of reviewing doctors’ pay.

Motion by NORTH EAST WALES DIVISION: That this meeting has lost all confidence in the DDRB process and calls on the BMA to look at alternative means of negotiating with the government for the remuneration of its members.

Motion by LINCOLN DIVISION: This meeting has no confidence in the DDRB mechanism.

Motion by WIGAN DIVISION: That this meeting is appalled by the significant erosion of doctors’ salaries – via pay freezes, uncompensated inflation and pension changes – over the last 10 years. It calls on the BMA to actively publicise this fact to its relevant members and the general public.

Motion by SCUNTHORPE DIVISION: That this meeting believes that much damage has been caused to the health service through years of pay restraint and action is needed to restore morale among NHS staff at all levels.
Motion by NORTH CENTRAL LONDON DIVISION: That this meeting:

i) recognises that doctors’ pay in the National Health Service is a matter of public interest and comparison with other professions and vocations frequently occurs in this context;

ii) considers that existing data on doctors’ lifetime earnings is largely historical and lacks appropriate comparator data with other jobs in the current labour market, potentially misinforming pay-related discussions;

iii) calls for the BMA to commission the collection of more recent earnings data for doctors and other comparable jobs in the modern economy to accurately inform future discussions on doctors’ pay.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that a multi-generational workforce is a valuable resource in the NHS as it brings expertise and experience. Skills gained over the years should be harnessed by the NHS and a multi-generational workforce brings benefits to improving patient care. This meeting proposes that employers provide suitable flexible working conditions to facilitate and support older workers prolonging their working life and also to incentivise “return to work” post retirement.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting agrees that the NHS suffers from chronic staff shortages, exacerbated by (medical) staff leaving or retiring early, often due to financial pressures. We ask the BMA to explore with NHS Employers appropriate retention packages for NHS staff, particularly those who are most experienced and whose loss may significantly impact on clinical services.

Motion by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that the BMA should do more to help with the retention of senior medical staff towards the end of their careers.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting believes that retired members of the BMA are a powerful source of experience and expertise. This meeting urges the BMA to explore the uses of this valuable resource especially with shortages and the difficulties in staffing in the NHS.

Motion by SHROPSHIRE DIVISION: That this meeting acknowledges the loss to the NHS caused by early retirement of doctors and states that:

i) there should be roles to allow doctors to work into their later years doing reduced hours;

ii) that providing advice and guidance to less experienced colleagues would be a helpful use of their expertise.

Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting is dismayed by the increasing loss to the NHS caused by early retirement of doctors and states that:

i) retaining experienced doctors in the health system would be beneficial, if appropriate under different contractual arrangements;

ii) providing advice and guidance to less experienced colleagues would be a beneficial use of their expertise.
Motion by SCUNTHORPE DIVISION: That this meeting welcomes the work of the newly formed Retired Members Committee and its interest in the needs of retired members but is concerned that too many doctors are swelling the ranks of retired members earlier and earlier in their careers due to low morale, higher workload and punitive taxation on pension contributions and unrealistic caps on life-time allowances and calls on the BMA to lobby the government to find fiscal mechanisms to retain our colleagues in active clinical practice.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting welcomes the work of the newly formed Retired Members Committee and its interest in the needs of retired members but is concerned that too many doctors are swelling the ranks of retired members earlier and earlier in their careers due to low morale, higher workload and punitive taxation on pension contributions and unrealistic caps on life-time allowances and calls on the BMA to lobby the government to find fiscal mechanisms to retain our colleagues in active clinical practice.

Motion by BURTON & DISTRICT DIVISION: That this meeting is dismayed by the increasing loss to the NHS caused by early retirement of doctors and states that:

i) retaining experienced doctors in the health system would be beneficial, if appropriate under different contractual arrangements;

ii) providing advice and guidance to less experienced colleagues would be a beneficial use of their expertise.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that many consultants and SAS doctors who retire and return are not re-employed on appropriate contracts, and urges the BMA to negotiate a national policy of retire and return that offers a good deal for both NHS trusts and these doctors.

**GENERAL PRACTICE**

Wednesday 15.00 – 15.15

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

Motion by LONDON REGIONAL COUNCIL: That this meeting is opposed to the five-year framework agreement and calls for its withdrawal immediately. It insists that all GPs and trainee GP BMA members must be allowed a vote on it.

Motion by ENFIELD AND HARINGEY DIVISION: That this meeting is astonished that “Investment and evolution: A five -year framework for contract reform to implement the NHS Long Term Plan” 31.1.19 has been agreed by GPC England without balloting GP BMA members. This heist of GP registered NHS patients, through dint of making primary care contract holders hastily sign network contracts and agreements by May 2019, suggests that the real agenda of GP contract change is to ‘evolve’ independent GP practices into extinction over five years and replace them with ICS -run primary care, paving the way for Integrated Care Providers on a new contract.

This meeting:

i) is opposed to this five year framework agreement and calls for its withdrawal immediately;

ii) insists that all GP and higher GP trainee BMA members must be allowed to vote on it.
**103b** Motion by LONDON REGIONAL COUNCIL: That this meeting believes this heist of GP registered NHS patients and their capitated budgets through dint of making primary care contract holders hastily sign network contracts and agreements by May 2019, suggests that the real agenda of GP contract change is to ‘evolve’ independent GP practices into extinction over five years and replace them with ICS-run primary care.

**103c** Motion by LONDON REGIONAL COUNCIL: That this meeting is astonished that “Investment and evolution: A five-year framework for contract reform to implement the NHS Long Term Plan” 31 1.19 has been agreed by GPC England without balloting GP BMA members.

**SCOTLAND**

Wednesday 15.15 – 15.20

104 Receive: Report from the BMA Scottish council chair (Lewis Morrison).

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

Wednesday 15.20 – 15.35

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

**MEDICO-LEGAL**

Wednesday 15.35 – 15.40

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

**Contingency time**

Wednesday 15.40

**BMA STRUCTURE AND FUNCTION**

Wednesday 15.45 – 16.25

* 106 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY MANCHESTER AND SALFORD DIVISION): That, in light of the allegations, this meeting:

i) welcomes the independent investigation into sexism and sexual harassment at the BMA;

ii) calls for BMA council to consider the outcome of the investigation and report back to members in a timely manner;

iii) believes that implementation of agreed recommendations should not be delayed.

106a Motion by MANCHESTER AND SALFORD DIVISION: That this meeting is appalled to hear that sexism is alive and well amongst our representatives. We insist that:

i) the valuing difference programme becomes compulsory for all committee members;

ii) the agreed actions of any inquiry into this matter are implemented at the earliest opportunity.

106b Motion by TOWER HAMLETS DIVISION: That in light of the allegations of persistent misconduct within the BMA, meeting calls for a full external review of behaviour within the BMA, the LOV process, and for this process in future to be wholly independent from the BMA.
106c **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting:-
  i) believes the current BMA in-house complaints procedure is not fit for purpose;
  ii) believes that BMA members with valid complaints are actively discouraged from
       raising a concern due to the current complaint system;
  iii) believes that sexism and harassment are not seriously addressed by the BMA;
  iv) welcomes the announcement of an independent external investigation into recent
       complaints of sexism and harassment within the BMA, as long as the investigator has
       the confidence of the complainants;
  v) expects the findings of the external investigation into complaints of sexism and
       harassment within the BMA to be published in a timely manner and any
       recommendations to improve the complaints procedure to be implemented.

* 107 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY AFC): That this meeting
   believes:-
   i) that the primary focus of the BMA should be to act as the trade union of the
      profession, and therefore the association should:
   ii) significantly reduce attention paid to activities relating to our function as a
       professional association;
   iii) focus on working conditions and professional training of our members, to the
        exclusion of campaigning on wider sociopolitical issues;
   iv) embrace willingness to take action against the government, including drawing up an
       escalation process for implemention during disputes ranging from work to rule to all
       out strikes.

107a **Motion** by AFC: That this meeting believes that the BMA’s primary focus should more
   clearly be on the working conditions of its members, relative to lobbying on broader
   issues.

107b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes the BMA
   needs to reinforce its primary role as that of a trade union for doctors. Skilled
   negotiators and a willingness of the organisation to take action against the
   government are required, to support doctors and the future of the profession. The
   BMA is urged to draw up an escalation process for implementing during disputes
   ranging from work to rule to all out strikes.

107c **Motion** by CLWYD NORTH DIVISION: That this demands that the BMA asserts itself
   more as a union in defence of the wider membership.

107d **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that in
   order to improve the functioning of the BMA as a Trades Union, and to improve
   membership figures, it should desist from lobbying on broader political issues, such as
   Brexit and Abortion decriminalisation, where many members and a large proportion of
   non-member doctors hold contrary views to the ones espoused by an activist minority
   in the BMA hierarchy.
* 108 Motion by MANCHESTER AND SALFORD DIVISION: To best achieve our aims for the National Health Service, medical students, doctors, physician associates and other Medical Associate Professionals (MAPs), this meeting resolves that:-

i) the BMA should recruit physician associates, other MAPs and students of these professions to the BMA;

ii) the BMA should create a MAP branch of practice committee to enable MAP organisation and cooperation with existing doctors and medical students;

iii) work with organisations representing physician associates, other MAPs and students of these professions in staff and/or student joint committees.

108a Motion by MEDICAL STUDENTS CONFERENCE: With the aim of organising to achieve our aims for medical students, doctors and physician associates, the BMA should:-

i) recruit physician associates and physician associate students to the trade union;

ii) work with organisations representing physician associates and physician associate students in staff and/or student joint committees.

* 109 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY JUNIOR MEMBERS FORUM): That this meeting recognises the added value of regionalisation and calls upon the BMA to promote regional engagement by:-

i) providing up to date, relevant and accessible information about BMA policies, representatives and staff;

ii) enabling direct communication with members in the constituency area;

iii) promoting the contribution of BMA national committees and council members to regional working;

iv) increasing the use of social media for member communications;

v) review meeting arrangements to optimise participation.

109a Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that names, roles or contact details of any representatives on BMA committees are not always readily available. We therefore call on the BMA to:-

i) publish the names and roles of BMA representatives including elected representatives on BMA committees should they consent, such that it is available to the wider membership;

ii) provide all representatives with BMA email addresses to enable their membership to directly contact them.

109b Motion by SUNDERLAND DIVISION: All members of the BMA should be asked at joining and annually if they are happy to have their email addresses available to their local BMA officers to ensure ease of contact locally.

109c Motion by SCUNTHORPE DIVISION: That this meeting, in recognising the added value of regionalisation to Association members, calls upon the BMA to improve the mechanisms for locally elected Regional Council representatives to communicate with the members in their constituency.

109d Motion by NORTH EAST REGIONAL COUNCIL: That this meeting calls for the BMA to facilitate for the increased use of locally based social media platforms to communicate with and between members.
109e **Motion** by YORKSHIRE RSASC: That this meeting recognises that regional committee work can no longer function effectively in an exclusively out of hours setting; it is often disadvantageous to members with families or on-call commitments and it does not mirror the arrangements for many other important meetings. We urge the BMA to:-
  i) support the development of daytime regional committee meetings;
  ii) encourage IROs to expand the opportunities for BMA representatives to contribute at a regional level.

109f **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting asks the BMA to assist the voluntary hard work within the divisions and regions by providing:-
  i) a clear, easily accessible and frequently updated directory of all departments and committees, including contact details, and;
  ii) an index with links to the current main policy briefings and documents.

109g **Motion** by TOWER HAMLETS DIVISION: That this meeting notes that increasingly doctors live and work in different areas, and that divisions have a function to coordinate BMA activity in all workplaces where doctors work in their area. This meeting calls on the BMA to further facilitate the ability of divisional secretaries to communicate with those working within the geographical footprint of their division by:-
  i) providing the divisional secretaries with contact details of place of work BMA reps;
  ii) providing a facility for divisional secretaries to be able to email out notices of divisional meetings not only to members of their division, but also those doctors who work within the geographical footprint of that division.

109h **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting, in recognising the added value of regionalisation to Association members, calls upon the BMA to improve the mechanisms for locally elected Regional Council representatives to communicate with the members they represent.

**STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS**  Wednesday 16.25 – 17.00

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

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

111a **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting welcomes the NHSE recommendation that SAS doctors should receive an extra 2 days paid holiday per year but instructs Council to negotiate this recommendation to be included in the national contract to ensure all SAS doctors will benefit.
111b Motion by EDGWARE AND HENDON DIVISION: That this meeting supports strongly SAS doctors in the whole of the UK to receive two additional day’s leave after 7 years of service in the NHS as their consultant colleagues.

* 112 Motion by SASC CONFERENCE AGENDA COMMITTEE: That this meeting congratulates the BMA on agreeing the SAS charter in all four nations. We call upon the BMA to:-
i) work with management to implement the charter using the toolkit;
ii) provide evidence of this implementation;
iii) ensure there is a SAS LNC representative as the principal lead for the implementation and monitoring of the charter.

112a Motion by NORTH EAST REGIONAL COUNCIL: That this meeting is extremely concerned that SAS doctors are working in a system that often overlooks their existence and believes:-
i) this exacerbates problems with low morale in this group;
ii) the SAS Charter should be considered mandatory nationwide by NHS Employers and be better referenced within HR policies;
iii) the Charter be reviewed annually at LNC level in order to better support and give well-deserved recognition towards SAS doctors.

112b Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls on the BMA to work with senior management in NHS trusts to take positive action by using the SAS charter toolkit, and provide evidence of implementation of the SAS charter.

112c Motion by NORTH WESTERN RSASC: That this meeting demands that the BMA SAS committee:-
i) develops a Charter implementation ‘Kitemark’ to categorise progress of Charter implementation;
ii) mandates Member Relations to develop and maintain a central database of status of SAS Charter implementation in each of the Trusts and Health Boards across UK, based on data collated from the LNCs, National and Regional SAS committees.

* 113 Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting calls on the BMA to consider promoting a CEA system for SAS doctors as part of a modernised reward and recognition regime for this hardworking and often very innovative cohort of the senior medical workforce.

113a Motion by NORTH WEST REGIONAL COUNCIL: That this meeting regrets that the hard work of SAS doctors is not appreciated through the Clinical Excellence Awards system, and urges the BMA to include them in any negotiation for future awards systems.
JUNIOR DOCTORS

Wednesday 17.00 – 17.45

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

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

* 116 Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH WEST REGIONAL COUNCIL): That this meeting recognises that practical barriers can discourage doctors from exception reporting and calls for electronic reporting systems:-
   i) which are compatible across all platforms;
   ii) which are accessible outside the workplace;
   iii) which are free to use;
   iv) which are demonstrated as part of induction programmes;
   v) whose login details are provided at, or prior to, induction.

116a Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises practical barriers can discourage exception reporting for junior doctors. It calls for simple systems which are:-
   i) compatible across all devices;
   ii) accessible outside work;
   iii) Free at the point of use.

116b Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting demands that for all junior doctors and supervisors that:
   i) exception reporting software is properly demonstrated as part of induction;
   ii) any Login details are provided on induction to the trust or GP settings and can be readily available to doctors thereafter.

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

118 Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the disparity in travel expenses policies between different deaneries and we ask that the BMA lobby relevant bodies to create a simpler and fairer standardised expenses policy for all junior doctors.

Session closes

Wednesday 17.45
FINANCES OF THE ASSOCIATION

Thursday 9.00 – 9.40

119 Receive: Report from the BMA interim treasurer (Trevor Pickersgill).

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

121 Motion by INTERIM TREASURER: That the subscriptions outlined in document ARM1B (appendix iv) be approved from 1 October 2019.

122 Motion by NORTH WESTERN RJDC: That this meeting recommends BMA funds are not used by elected representatives to claim for alcohol.

* 123 Motion by NORTH WEST REGIONAL COUNCIL: That this meeting notes the BMJ editorial of 30th March, and preceding news item from 23rd March 2019, on travel claims for spouses by BMA Chief Officers. We ask that the BMA:-
   i) commissions a fully independent enquiry into this practice;
   ii) recovers any such claims that are confirmed to be outwith the rules and regulations in force or applicable at the time of the claim;
   iii) recovers any taxes due on such claims paid by the BMA through Pay As You Earn Settlement Agreements, and
   iv) ensures that in the future no such claims are permitted unless they are extraordinary and have prior approval of the Finance Committee.

123a Motion by MANCHESTER AND SALFORD DIVISION: That this meeting agrees that senior BMA representatives should not claim expenses beyond what policy allows, including to pay for spousal or partner expenses, and instructs BMA council and the board of directors to:-
   i) recover any such expenditure and any tax burden borne by the BMA;
   ii) ensure all expenses policies exclude payments for spousal or partner expenses.

123b Motion by NORTH AND MID STAFFORDSHIRE DIVISION: That this meeting is disappointed with BMA’s approach of member’s fee’s spending on officer’s spouse international visits and demands financial controls are strengthened to give confidence to members.

A 124 Motion by MANCHESTER AND SALFORD DIVISION: That this meeting agrees that no ex-chief officers or ex-staff of the BMA should be able to access BMA funds outside the usual expenses policy for members and instructs that the Lock Club and any other similar bodies receive no further subsidy for any events, food or travel.

BMA TREASURER’S QUESTION AND ANSWER SESSION

Thursday 9.40 – 9.55

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

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

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

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting:
   i) regrets that trainees who return to work from a prolonged period of leave (e.g. maternity, shared parental or sick) are frequently unilaterally reallocated into rotations differing to those previously competitively allocated at selection;
   ii) believes that the practice of reallocating posts following prolonged periods of leave is unjust and disproportionately affects women;
   iii) calls upon the BMA to lobby relevant stakeholders to create joint guidance to end this practice and promote a model that seeks to honour original rotation allocations.
HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

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

129a Motion by LEICESTERSHIRE AND RUTLAND DIVISION: That this meeting welcomes the Secretary of State’s announcements on stopping out of date technology, but warns that:-
   i) arbitrary dates to stop any technology without ensuring clinically safe and appropriate alternatives are in place first places patients at risk;
   ii) although phone technology is preferential to pagers within hospitals, devices should be dedicated and provided by the NHS, and not dependent upon the vagaries of apps on personal phones;
   iii) facsimile technology should not be phased out until every provider of NHS services and clinician use NHSmail to ensure security of ad hoc communications, and that routine clinical messages are sent from clinical to clinical system as encoded, integrable and workflowed.

129b Motion by LEICESTERSHIRE AND RUTLAND DIVISION: That this meeting welcomes the Secretary of State’s announcements on stopping out of date technology, but warns that:-
   i) arbitrary dates to stop any technology without ensuring clinically safe and appropriate alternatives are in place first places patients at risk;
   ii) although phone technology is preferential to pagers within hospitals, devices should be dedicated and provided by the NHS, and not dependent upon the vagaries of apps on personal phones;
   iii) facsimile technology should not be phased out until every provider of NHS services and clinician use NHSmail to ensure security of ad hoc communications, and that routine clinical messages are sent from clinical to clinical system as encoded, integrable and workflowed.

129c Motion by NORTH WEST REGIONAL COUNCIL: That this meeting notes that many non-resident on-call doctors have to use their personal mobile phones for on-call purposes, and calls on the BMA to lobby relevant stakeholders for:-
   i) better provision of work mobile phones for non-resident on-call at all grades;
   ii) the ability to claim whole cost expenses for the use of personal mobile phones where these are not provided by the employer;
   iii) prevention of the disclosure of personal mobile phone numbers to a person calling from another site/hospital as this breaches GDPR.
Motion by LONDON REGIONAL COUNCIL: That this meeting notes the Health Secretary’s calls to abolish the use of pagers, bleeps and fax machines in the NHS. This meeting notes concerns by clinicians that bleeps are a reliable and effective method of communicating cardiac arrest and peri-arrest calls, and with regard to the impact of these proposals on emergency communication within hospitals and calls:-

i) on the BMA to lobby relevant stakeholders including NHS England, NHS Digital, individual Trusts, and frontline clinicians to collate and evaluate advantages and disadvantages of all methods of communication currently in use within the NHS (including reliability, data security and cost), to identify areas of best practice that could be implemented more widely within the NHS;

ii) on relevant stakeholders to provide assurances that any cost associated with improving communication within the NHS does not adversely impact funding for staffing, training or service delivery;

iii) on all relevant stakeholders to urgently work together to bring communication within the NHS to the 21st century in a unified, reliable, secure and effective manner that is user-friendly to frontline clinicians.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes the banning of tools such as Pagers and Fax machines is premature and ill-conceived. We direct the BMA to oppose such a blanket policy until feasible alternatives are available.

Motion by RETIRED MEMBERS CONFERENCE: That this meeting welcomes the move by the Secretary of State to replace NHS hospital pager systems with mobile phones and calls for this to be a condition of employment compliant with GDPR and with the equipment provided and paid for by the employer.

Motion by LEICESTERSHIRE AND RUTLAND DIVISION: That this meeting:

i) welcomes the continuing development of computer technology and the use of apps, but,

ii) demands that any related increase in patient demand must be funded by new money;

iii) to protect patients only technology that has been proven to be safe should be used directly or indirectly for the provision of NHS or private health services.

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

Motion by LEICESTERSHIRE AND RUTLAND DIVISION: That this meeting is appalled with the government’s proposal for the Department for Work and Pensions to automatically extract data from GP systems because:

i) it will undermine the doctor patient relationship;

ii) it will lead to patients withholding important information from their GP;

iii) it could lead to breach of the principle of data minimisation;
iv) fails to recognise the difference between data and information;
v) GP systems rarely include assessment of functionality which is crucial for the assessment of welfare entitlement.

**A 131 Motion** by JUNIOR MEMBERS FORUM: That this meeting believes the BMA should lobby relevant employment bodies to ensure doctors’ personal and health details are kept private and not shared without consent.

**RETIRED MEMBERS**

**132 Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the General Medical Council to change its retiral, revalidation and re-entry processes in order to retain senior members of the profession to contribute to clinical services, teaching and research.

**132a Motion** by LINCOLN DIVISION: That this meeting notes the requirement for retiring doctors to provide a “Provision of medical services statement” from their previous employers to the GMC in order to be removed from the medical register. This meeting believes that this provides an unfair and discriminatory barrier to retired doctors returning to practice and calls on the BMA to lobby the GMC to cease this requirement.

**PROFESSIONAL FEES**

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

**CONSULTANTS**

**134 Receive:** Report from the BMA consultants committee chair (Robert Harwood).

**135 Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting demands that the CEA system should be restored to its original form as its current form discourages consultants from pursuit of excellence.

**Contingency time**

**136 Motion** by THE BMA COUNCIL CHAIR: That the BMA Acting 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**