Motions passed at Consultants Conference 2018

5 H1125 Motion BY CONFERENCE AGENDA COMMITTEE That this conference recognises that the NHS “winter crisis” is predictable and is precipitated by underfunding and understaffing and calls upon government to:
   i. recognise and apologise for the lack of planning for the current crisis which has led to cancellation of tens of thousands of operations
   ii. cease wilfully misrepresenting data on the NHS
   iii. put in place proper annual plans for future seasonal variations in health and social care demand in order to avoid the drastic measures of cancelling elective operations
   iv. provide an immediate cash injection and subsequently fund the NHS to the European average spend per capita.

15 H1008 Motion BY NORTH WEST RCC That this conference rejects the precept behind policies such as ‘Procedures of Low Clinical Value’ as currently deployed by commissioners. This conference believes that such policies serve no purpose other than to ration demand for popular surgical interventions, and sit in direct conflict with Good Medical Practice.

   It asks the BMA to confirm that such policies need not be recognized or executed by clinicians in the course of their direct clinical or supportive professional practice and that it will support members who may have been sanctioned by doing so.

18 H1127 Motion BY CONFERENCE AGENDA COMMITTEE This conference notes: NHS England’s planned substantial reform of services through ACOs (Accountable Care Organisations); ACOs’ vulnerability to private tender; and the lack of consultant engagement in their planning.

   This conference therefore asks that:
   i. The BMA opposes any further privatisation of services through the introduction of ACOs.
   ii. The BMA lobbies for a system similar to Scottish Health Boards (responsible for protecting and improving a population’s health and publicly delivering medical care) to be introduced in England.
   iii. The Health Secretary issues a directive to ACOs to engage front line clinicians, including consultants and GPs, in designing patient-focused care.
   iv. The BMA oppose the introduction of ACOs unless legally ring-fenced from privatisation.

34 H1123 Motion BY CONFERENCE AGENDA COMMITTEE This conference
   i. acknowledges the value to patients of drawing high quality non-medical graduates into the NHS,
   ii. believes that training of Physician’s Associates must not reduce the training available to junior doctors.
ii. asks the BMA to work closely with the relevant Royal Colleges, educational institutions and regulatory bodies to ensure that Physicians Associates and similar roles support doctors.

38 H1066 Motion BY LONDON SOUTH RCC This conference recognises the success of the Junior Doctors Committee Less Than Full Time Forum and asks that a similar initiative be considered for Less Than Full Time Consultants.

39 H1107 Motion BY SCOTTISH CONSULTANTS COMMITTEE This conference regrets the failure of the Scottish Government to act meaningfully to address the consultant vacancy crisis in Scottish hospitals and calls upon the Scottish Government to return to valuing its doctors.

48 H1126 Motion BY CONFERENCE AGENDA COMMITTEE That this conference believes that most errors in medical practice ultimately are due to failures in the complex systems of healthcare itself and therefore calls for:

i. government to stop blaming doctors for error resulting from system failures

ii. government to support the no blame culture required to ensure that all errors are raised to allow systems to be changed to improve safety for patients.

iii. establishment of anonymous reporting systems for concerns about patient safety

iv. appointment of Freedom to Speak Up Guardians as recommended in the Francis Report.

54 H1100 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference believes that the BMA must take a bigger role in patient safety and provide leadership in this vital area as a champion of patient safety.

56 H1128 Motion BY CONFERENCE AGENDA COMMITTEE That this conference notes that recent high profile cases highlight that doctors can be held personally responsible for system failures and face multiple jeopardy in terms of legal proceedings and

i. insists that individual doctors must not be held accountable for systems failures

Carried as a reference

ii. believes there must be a genuine “no blame culture” Carried

iii. insists that when there are systems failures, legal proceedings should not be considered against doctors Carried as a reference

calls on Council to demand creation of an urgent task and finish group with the, BMA, the Academy of the Royal Colleges, the Department of Health and the GMC to consider the future of professional regulation. Carried as a reference

58 H1113 Motion BY MERSEY RCC That this conference notes a trend of increasing requirements for evidence to be available for electronically driven appraisals. The production of such evidence consumes vast amounts of time, that may be better used for patient care. This conference:
i. Demands that the GMC produces objective evidence that appraisal and revalidation have resulted in improvements in clinical practice sufficient to justify the expense, time pressure, stress and loss of practising doctors that it causes.

ii. If there is insufficient evidence of significant improvement in clinical practice then the process of revalidation should be re-evaluated with a view to it being discontinued.

Carried as a reference

59  H1112 Motion BY MERSEY RCC This conference is concerned by the burden of mandatory training and requests that the BMA enters into negotiations with the relevant Departments of Health to define the requirements and frequency of mandatory training.

62  H1044 Motion BY EASTERN RCC That this conference believes that the CQC should review all whistleblowing reports within a trust as part of its review of that trust. All such reports should be signed off by the CQC as being reviewed and that adequate action has been taken by the trust to mitigate the issue that was highlighted.

Carried as a reference

64  H1050 Motion BY LONDON SOUTH RCC This conference calls upon the BMA to lobby for the Doctors’ London Weighting Allowance to be updated and held in line with London house prices.

68  H1115 Motion BY LEWISHAM AND GREENWICH LNC This conference notes the importance of workable job plans, and notes that in the 2017 BMA National Consultant Survey 40% of consultants felt their workload had a negative effect on patient care, with 60% reporting low morale. A local Trust survey has shown that 40% of consultants dread job planning and find it combative with high rates of bullying during such meetings. Conference asks that

i. Local surveys are conducted widely to find out how common bullying of consultants is during job planning

ii. Trusts with a high rate of bullying are advised to suspend job planning for the safety of their consultant body

iii. Such Trusts should not recommence job planning until training has been put in place for those leading job plan meetings, and that this should be run with support from the BMA.

72  H1114 Motion BY EASTERN RCC This conference believes that all NHS Trusts should be mandated to run annual Local CEA rounds and award all of the agreed funding for those awards so as to reward consultants for the excellent work they do.

81  H1031 Motion BY NORTH WEST RCC That this conference calls on the BMA to lobby the Department of Health to ensure that, with respect to any new mental health legislation in England and Wales:

i. the Appeals and Tribunals are robust, and protects patients’ rights;

ii. clinicians involved in Appeals and Tribunals have adequate time and resources to meet the requirements of the process;
iii. adequate funding is provided in primary and secondary care for implementation.

86 H1124 Motion BY CONFERENCE AGENDA COMMITTEE That this conference:
  i. notes the increasingly complex and less rewarding nature of NHS consultant pensions
  ii. notes that the Pensions Committee no longer meets
  iii. asks that the Pensions Committee should be reconstituted immediately
  iv. believes that the BMA must urgently establish an independent and appropriately staffed unit to advise members on the tax implications of pensions contributions, separate from the BMAS approved financial advisors
  v. believes that the BMA should produce and frequently promote additional basic pension guidance and circulate it as a member benefit.

91 H1121 Motion BY CONFERENCE AGENDA COMMITTEE That this conference:
  i. asks Member Relations to check at least annually the membership of regional consultants committees, LNC forums and LNCs and to provide this information to the officers of the relevant committees
  ii. believes that the BMA should re-introduce annual Service Level Agreements (SLAs), for LNCs, RLNCs and RCCs to agree and sign up to, specifying the support that the BMA will provide. Such SLAs should include the six-monthly review of the members of each committee
  iii. believes that members of committees such as RLNCs, RCCs and LNCs should be asked on joining the committee to agree that their contact details may be disclosed to the officers of the committee who may use those details to contact them only in the pursuance of their BMA responsibilities

112 H1019 Motion BY NORTH WEST RCC That this conference wishes to congratulate HMG on the speed of their Brexit negotiations so far, and wonders if they might pass on any tips to the BMA, Department of Health and NHS Employers.

126 H1000 Motion BY OXFORD RCC That this conference asks the BMA to demand that the government should urgently review pension tax and contribution arrangements which actively discourage long NHS service among senior doctors and are driving skilled doctors into working in the private sector when they are desperately needed in the NHS.

127 H1054 Motion BY LONDON SOUTH RCC This conference encourages those responsible for workforce planning to consider the implications of maternity/paternity leave in planning recruitment, particularly to small specialities.

128 H1090 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises the commitment made last year to support the O’Neill ambitions to tackle the global threat of antimicrobial resistance and calls on the BMA to fund and develop learning materials for medical students and doctors to help address the knowledge gap in clinical practice and acknowledging the One World approach to this wide-reaching topic.
Motion BY YORKSHIRE RCC That this conference deplores the lack of action by the government to provide assurance to non-UK doctors post-Brexit which may result into serious health care disasters due to potential exodus of EU doctors.

We call upon the Health Secretary to assess the serious impact on NHS and announce that EU workforce should be allowed to continue working and supporting NHS.

Motion BY CONFERENCE AGENDA COMMITTEE In the wake of the GMC’s actions regarding the erasure of a senior paediatric trainee from the Medical Register, there has been an unprecedented loss of confidence in the GMC by the medical profession. Carried

In particular, in light of an apparent discrepancy between a review by the Professional Standards Authority and the statements of the GMC about its decision-making process in this matter, this conference asks the BMA to clarify with the GMC on what basis and what steps they took in making the decision to appeal the MPTS decision. Carried

If adequate explanation and appropriate and necessary apology from the GMC are not forthcoming, then the BMA must demand the resignation of the Chairman and Chief Executive of the GMC and consider whether the GMC is fit for purpose. Carried as a reference

Motion BY NORTH EAST LONDON RCC In January 2018 the Turkish Medical Association (TMA) issued a statement denouncing war as a threat to public health, with specific reference to the war in Syria. Following this members of the TMA received several threats of physical violence and death. Subsequently the Ankara Chief Public Prosecutor’s Office issued detention warrants for 11 members of the TMA council. This conference

i. Calls for the Turkish Government to stop hostile actions against the Turkish Medical Association and respect the rights of all Turkish doctors to practice medicine impartially in accordance with their core professional obligations.

ii. Urges the BMA to advocate for the full respect of Turkey’s humanitarian and human rights obligations, including the right to health, freedom of association and expression.