Annual Representative Meeting 2016
Agenda
19-23 June 2016, Belfast Waterfront Hall, Belfast
British Medical Association

AGENDA
of the
ANNUAL REPRESENTATIVE MEETING

TO BE HELD AT

Belfast Waterfront Hall, 2 Lanyon Place, Belfast, Antrim, BT1 3WH

FROM

MONDAY, 20 JUNE 2016
UNTIL
THURSDAY, 23 June 2016

BMA Representative Body Chair: Dr Ian Wilson

(NB: The appendices to the ARM agenda will be in a separate document ARM1A)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDUCTION</td>
<td>3</td>
</tr>
<tr>
<td>OPENING OF THE MEETING</td>
<td>3</td>
</tr>
<tr>
<td>PROCEDURES, PROCESS AND TIMETABLES</td>
<td>3</td>
</tr>
<tr>
<td>PRESIDENT OF THE BMA</td>
<td>5</td>
</tr>
<tr>
<td>BMA COUNCIL CHAIR</td>
<td>5</td>
</tr>
<tr>
<td>MEDICINE AND GOVERNMENT</td>
<td>6</td>
</tr>
<tr>
<td>NATIONAL HEALTH SERVICE</td>
<td>8</td>
</tr>
<tr>
<td>• Special Representative Meeting</td>
<td>14</td>
</tr>
<tr>
<td>BRITISH MEDICAL JOURNAL</td>
<td>15</td>
</tr>
<tr>
<td>OPEN DEBATE ON SEVEN DAY SERVICES</td>
<td>15</td>
</tr>
<tr>
<td>SEVEN DAY SERVICES</td>
<td>15</td>
</tr>
<tr>
<td>OCCUPATIONAL MEDICINE</td>
<td>19</td>
</tr>
<tr>
<td>MEDICAL ACADEMIC STAFF</td>
<td>20</td>
</tr>
<tr>
<td>FINANCES OF THE ASSOCIATION</td>
<td>20</td>
</tr>
<tr>
<td>BMA STRUCTURE AND FUNCTION</td>
<td>21</td>
</tr>
<tr>
<td>BMA COUNCIL CHAIR’S QUESTION AND ANSWER SESSION</td>
<td>25</td>
</tr>
<tr>
<td>PROFESSIONAL REGULATION, APPRAISAL AND THE GMC</td>
<td>26</td>
</tr>
<tr>
<td>NORTHERN IRELAND</td>
<td>29</td>
</tr>
<tr>
<td>INTERNATIONAL AFFAIRS</td>
<td>30</td>
</tr>
<tr>
<td>STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS</td>
<td>31</td>
</tr>
<tr>
<td>CONSULTANTS</td>
<td>31</td>
</tr>
<tr>
<td>AFC</td>
<td>32</td>
</tr>
<tr>
<td>MEDICAL ETHICS</td>
<td>32</td>
</tr>
<tr>
<td>ANNUAL GENERAL MEETING</td>
<td>33</td>
</tr>
<tr>
<td>ARM ADDITIONAL PROGRAMME TUESDAY AFTERNOON</td>
<td>33</td>
</tr>
<tr>
<td>SCOTLAND</td>
<td>34</td>
</tr>
</tbody>
</table>
TRAINING AND EDUCATION...........................................................................................................34

SCIENCE, HEALTH AND SOCIETY.....................................................................................................35

COMMUNITY AND MENTAL HEALTH..............................................................................................37

FORENSIC MEDICINE......................................................................................................................39

HEALTH INFORMATION MANAGEMENT AND IT.............................................................................39

BMA TREASURER’S QUESTION AND ANSWER SESSION.................................................................40

CHARITIES.....................................................................................................................................40

SPECIAL SESSION ON THE BMA’S END OF LIFE CARE AND PHYSICIAN ASSISTED DYING PROJECT...41

END OF LIFE CARE..........................................................................................................................41

GENERAL PRACTICE.......................................................................................................................44

  - Sessional and salaried GPs..................................................................................................46

DOCTORS’ PAY AND CONTRACTS...................................................................................................46

PROFESSIONAL FEES.....................................................................................................................48

PUBLIC HEALTH MEDICINE.............................................................................................................49

WALES..........................................................................................................................................51

MEDICO-LEGAL AFFAIRS..................................................................................................................52

MEDICAL STUDENTS.......................................................................................................................53

WORKFORCE..................................................................................................................................54

JUNIOR DOCTORS..........................................................................................................................58

MOTIONS ARISING FROM THE ARM...............................................................................................62

CLOSING BUSINESS.......................................................................................................................62
INDUCTION

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

OPENING OF THE MEETING Monday 9.20 – 9.40

Welcome and introductions by the BMA Representative Body chair, Ian Wilson.

PROCEDURES, PROCESS AND TIMETABLES

1 Motion by BMA REPRESENTATIVE BODY CHAIR: That this Meeting approves:-
   i) the standing orders (Appendix 1 of document ARM1A) be adopted as the standing orders of the meeting;
   ii) that the precincts of the meeting be regarded as the whole of the conference centre;
   iii) the timetable for elections to be carried out during the meeting as set out in ARMS;
   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 20 June 2016.

2 Confirm: i) Minutes of the BMA Annual Representative Meeting held on 22 June to 25 June 2015 (ARM 12);
      ii) Minutes of the BMA Special Representative Meeting held on 3 May 2016 (ARM 13).

3 Receive: That the reports from branches of practice for the session 2015-16 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
09:20 Welcome and Opening of Meeting (page 3, items 1 - 9)
09:40 Keynote address by BMA Council Chair, Dr Mark Porter (page 5, item 10)
10:00 Medicine And Government (page 6, items 11- 17)
11:10 Contingency Time
11:15 National Health Service (page 8, items 18 - 24)
12:15 Special Representative Meeting (page 14, items 25 - 26)
12:30 Session closes
Monday PM
14:00 British Medical Journal (page 15, items 27 - 28)
14:10 Seven Day Services Open debate
15:10 Seven Day Services (page 15, items 29 - 30)
15:25 Occupational Medicine (page 19, items 31 - 33)
15:45 Medical Academic Staff (page 20, items 34 - 37)
16:05 Finances Of The Association (page 20, items 38 - 41)
16:20 Contingency Time
16:25 BMA Structure And Function (page 21, items 42 - 49)
17:15 Q&A BMA council chair
17:30 Session closes

Tuesday AM
09:15 Professional Regulation, Appraisal And The GMC (page 26, items 50 - 57)
09:45 Northern Ireland (page 29, items 58 - 61)
10:15 International Affairs (page 30, items 62 - 66)
10:35 Staff, Associate Specialists And Specialty Doctors (page 31, items 67 - 70)
10:55 Consultants (page 31, items 71 - 74)
11:20 AFC (page 32, item 75)
11:25 Medical Ethics (page 32, items 76 - 82)
12:15 Contingency Time
12:20 AGM
12:30 Session closes

Wednesday AM
09:15 Scotland (page 34, items 83 - 86)
09:35 Training And Education (page 34, items 87 - 94)
10:05 Science, Health And Society (page 35, items 95 - 101)
11:05 Community And Mental Health (page 37, items 102 - 105)
11:35 Forensic Medicine (page 39, items 106 - 108)
11:50 Contingency Time
11:55 Health Information Management And IT (page 39, items 109 - 110)
12:10 Q&A BMA treasurer
12:25 Charities (page 40, item 111)
12:30 Session closes

Wednesday PM
14:00 ELCPAD Special Session
15:20 End of Life Care (page 41, items 112 - 116)
15:30 General Practice (page 44, items 117 - 121)
16:05 Sessional and salaried GPs (page 46, items 122 - 123)
16:20 Doctors’ Pay And Contracts (page 46, items 124 - 128)
16:50 Professional Fees (page 48, items 129 - 130)
17:05 Contingency Time
17:10 Public Health Medicine (page 49, items 131 - 133)
17:30 Session closes
Thursday AM
09:00 Wales (page 51, items 134 - 137)
09:25 Medico-legal Affairs (page 52, items 138 - 140)
09:45 Medical Students (page 53, items 141 - 147)
10:20 Workforce (page 54, items 148 - 154)
11:05 Junior Doctors (page 58, items 155 - 160)
11:45 Motions Arising From ARM
12.55 Closing business (page 62, item 161)
13:00 Close Of The Meeting

Bye-laws

5 Motion by THE ORGANISATION COMMITTEE CO-CHAIRS ON BEHALF OF COUNCIL: That subject to any amendments arising out of the decisions of the meeting, the bye-laws of the association be amended in the manner shown in appendix II of document ARM 1A.

Articles

6 Motion by THE ORGANISATION COMMITTEE CO-CHAIRS ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to articles of the association as set out in appendix III of document ARM 1A/AGM3, and recommends the changes to the articles to the Annual General Meeting for approval.

BMA policy

7 Motion by COUNCIL: That this meeting approves the recommendations for which policy passed in 2011 be lapsed as indicated on document ARM10.

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

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

PRESIDENT OF THE BMA

10 Motion by COUNCIL: That Professor Sir John Temple be elected BMA president for 2017-18.

BMA COUNCIL CHAIR

Monday 9.40 – 10.00

Keynote address by the BMA council chair, Mark Porter.
**MEDICINE AND GOVERNMENT**

* 11 **Motion** by ROTHERHAM DIVISION: That this meeting believes that medical morale has never been lower and we demand that the government reveals its plans to correct this.

11a **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the way that recent government policy has destroyed the morale of staff of the NHS at all levels, and declares that only by demonstrating the characteristics of a good employer will the NHS be able to reverse its current decline. This must involve sustainable investment in staff and infrastructure across the Health and Social Care landscape.

11b **Motion** by SOLIHULL DIVISION: That this meeting seeks change from the current model of leadership exhibited by the government based on the Minister of Health demonstrating a power culture. Such an approach will predictably deliver a destructive and negative working environment for a workforce committed to delivering an effective and patient-centred NHS. We call on the Department of Health to adopt a more positive culture in the management of the NHS.

* 12 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): That this meeting is appalled by the disconnect between recommendations of the Berwick and the Francis reports and the reality of working in the current NHS.

12a **Motion** by EDGWARE & HENDON DIVISION: That this meeting is appalled by the dissonance between the government’s commissioned safety report by Don Berwick, and a health service that engenders a climate of threat and fear which is at odds with promoting transparency, openness and learning.

12b **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting supported the determination of the government to implement the major demand of the Francis Inquiry to deliver key national targets for patient care and safety prior to the General Election but bitterly regrets the cynical reversal of this policy after the election and asks the BMA to condemn this action.

* 13 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE GLOUCESTERSHIRE DIVISION): That this meeting believes that trends in reducing hospital beds have gone too far and need to be urgently re-evaluated.

13a **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting believes that the trend in reducing hospital beds has gone too far and needs to be urgently re-evaluated as the population ages.

13b **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting deplores the proposed further reductions in NHS beds outlined in the Five Year Forward Vision (FYFV) of NHS England as this number of beds is considerably fewer per head of
England’s population than countries with comparable economies and calls on the BMA to protest vociferously to NHS England and the DH.

* 14 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CLWYD NORTH DIVISION): That this meeting calls upon NHS bodies to take ownership of concerns raised by doctors about potential high profile system failures without exposing those doctors to career risk or other detriment.

14a Motion by CLWYD NORTH DIVISION: That this meeting calls upon NHS bodies to take ownership of potential concerns raised by doctors about potential high profile system failures without insisting that the doctor places their own career on the line for doing so and that the BMA acts as a 'buffering zone' in such situations.

14b Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting upholds the right of whistle blowing by doctors or other NHS staff who have legitimate concerns over any aspect of the health service and:-
   i) deplores any action by health trusts which exposes them to career risk or other detriment;
   ii) is not satisfied that a 'whistle blowers guardian is a sufficient safeguard;
   iii) asserts that any manager responsible for discrimination against such NHS staff should themselves be disciplined.

14c Motion by BUCKINGHAMSHIRE DIVISION: That this meeting insists that the government gives legal protection to doctors in training who whistle blow when they have concerns about patient safety, quality of service and training.

14d Motion by LEWISHAM DIVISION: That this meeting deplores the lacuna in the laws covering whistleblowing for junior doctors arising from the refusal by Health Education England to accept that it has employment responsibility for them. This meeting demands that the BMA lobby government for essential legal protection for junior doctors who are well placed to raise concerns and should be enabled to do so without detriment to their careers.

14e Motion by MANCHESTER & SALFORD DIVISION: That this meeting recognises that in light of the exposure of the lack of protection for doctors in training in Section 43k of the Employment Rights Act (1996), this meeting instructs the BMA to lobby for specific protection for doctors in training from detriment due to whistleblowing by training providers.

14f Motion by MANCHESTER & SALFORD DIVISION: That this meeting is quite concerned about patient safety when restrictions are placed on trainee doctors in whistle blowing. This meeting therefore asks the BMA to direct General Medical Council to issue clear guidelines to Deaneries and trusts to work together and protect whistleblowers.

* 15 Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that hospitals are facing unprecedented and unsafe levels of patient admissions. We call on the BMA to remove financial penalties and punitive measures for NHS services that close or divert due to patient safety concerns related to capacity.
15a **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting is concerned about the inadequate level of staffing and resources in Emergency Departments, resulting in overcrowding and long waiting times, and hence leading to a grave risk to patients.

15b **Motion** by ROCHDALE DIVISION: That this meeting urges the NHS to reduce the number of patients waiting at accident and emergency departments.

16 **Motion** by NORTH WEST REGIONAL COUNCIL: That, with reference to the referendum on the European Union, this meeting believes:-
   i) that a remain vote must be followed by continuing pressures for reforms in procurement laws, more active social and environmental policies, less bureaucracy and a recognition that health is more important than markets;
   ii) that a leave vote should be followed by steps to ensure that employment, consumer and environmental protection in the UK do not fall below European standards and that new flexible collective social and environmental arrangements should be negotiated;
   iii) that the EU (in the case of a remain vote) or the UK (in the case of a leave vote) should not sign TTIP.

* 17 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting condemns the small number of MPs who filibustered the House of Commons debate to deny proper discussion on the NHS Reinstatement Bill.

17a **Motion** by SUFFOLK DIVISION: That this meeting commends MPs and BMA members who managed to get the Reinstatement of the NHS Private Members Bill into the House of Commons, and recognises that they will be deeply disappointed about Conservative MPs filibustering.

**Contingency time**

**Monday 11.10**

**NATIONAL HEALTH SERVICE**

**Monday 11.15- 12.15**

* 18 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE BUCKINGHAMSHIRE DIVISION): That this meeting deplores the continual privatisation of the NHS and:-
   i) instructs council to bring our concerns to the government and public;
   ii) demands an evidence base on the effect of tendering and outsourcing of contracts.

18a **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting deplores the continual privatisation of the NHS and instructs council to bring our concerns to the government and public.

18b **Motion** by CONFERENCE OF LMCS: That this meeting believes that continuing to contract for health services with the private sector, and thereby diverting public monies into shareholders' pockets, is reducing the quality and quantity of services for the population, and should be stopped.
18c Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that access to health services affect population health outcomes and that privatisation prejudicially disadvantages vulnerable groups. This meeting calls on the BMA to:-
  i) lobby the government to provide evidence that any privatisation is not detrimental to health outcomes and does not increase inequality;
  ii) campaign for alternatives to privatisation that promote a sustainable, equitable NHS.

18d Motion by SALISBURY DIVISION: That this meeting calls on the BMA to:-
  i) lobby for an equal playing field for private companies and NHS bodies when tendering for contracts with measures such as being subject to Freedom on information and not able to hide behind commercial sensitivity, and be transparent of contracts signed;
  ii) systematically gather evidence on the privatisation of the health service;
  iii) assess the impact of privatised services by a national examination of the awarding of contracts for the NHS including the understanding of the companies tendering for contracts and the outcomes.

18e Motion by BUCKINGHAMSHIRE DIVISION: That this meeting insists that the government ensures that Freedom of Information Requests apply to all private organisations who are commissioned to provide NHS services.

18f Motion by SALISBURY DIVISION: That this meeting calls for the BMA to create a system analogous to the BNF Yellow card reporting system to report negative outcomes of newly commissioned services.

18g Motion by EASTERN KENT DIVISION: That this meeting is seriously concerned about the potential undisclosed conflicts of interest in relation to the Commissioning of NHS Services and NHS Service Reconfiguration and asks the BMA to find out if there is any further evidence of this unacceptable practice.

18h Motion by SALISBURY DIVISION: That this meeting calls on the BMA to ask our colleges to debate publically the evidence of whether the NHS in England is being privatised.

18i Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting deplores the creeping privatisation of the NHS, despite continuous opposition from the BMA, and:-
  i) highlights the shameful behaviour of some private providers in abandoning contracts which, despite their favourable terms, they still cannot run profitably;
  ii) calls for BMA Local, and other BMA communication tools to continue to expose situations where NHS contracts are reneged on by external providers.

18j Motion by ISLINGTON DIVISION: That this meeting notes that Andrew Lansley and Lord Howe in 2012 promised that CCGs would not have to put services out to tender, and calls on the BMA to support any CCG that decides not to tender out work.

18k Motion by NORTH WEST REGIONAL COUNCIL: That this meeting calls on the BMA to immediately begin compiling data by whatever means possible on the tendering and outsourcing of contracts by CCGs, local authorities and NHS England along with associated financial information if possible. It should publicise this information on its website in an easily digestible format.
18l **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting is appalled by the collapse of several high profile tendered services eg the United Care Partnership, Circle’s management of Hinchingbrooke Hospital, particularly on account of:-

i) the high transaction costs;

ii) the cost to commissioners and other potential providers;

iii) the impact on staff retention and morale;

and requests the BMA to continue to press for the abolition of the competitive tendering process.

18m **Motion** by LEWISHAM DIVISION: That this meeting deplores the privatisation by stealth of the NHS and notes concern of BMA members that BMA leadership has not firmly denounced this. We demand that:-

i) BMA leadership clearly promotes the view that privatisation is counter to the principles of the NHS;

ii) these principles are defined then supported by BMA council;

iii) membership is made aware of the BMA position against privatisation.

18n **Motion** by ISLINGTON DIVISION: That this meeting notes that previous motions have been passed calling on the BMA to collect and disseminate information about the privatisation of the English NHS and demands to know where this evidence is being published.

18o **Motion** by CITY & HACKNEY DIVISION: That this meeting notes that the 2012 Health and Social Care Act paved the way for increased provision of NHS clinical services by private sector providers. This has included genitourinary medicine (GUM) clinics. However, private providers have chosen not to provide HIV services as these may have been perceived as less profitable. This is an example of private providers cherry-picking which NHS clinical services they provide. The separation of GUM & HIV services makes little clinical sense as HIV is mostly an STI in the UK context & GUM physicians generally have HIV expertise. We call on the BMA to lobby to reverse this artificial separation and to prevent the cherry-picking of profitable clinical services when such services go out to tender.

18p **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting asks the BMA to censure the government for pursuing an aggressive ideological policy of privatising and dismantling the NHS instead of delivering an effective evidence based health policy.

18q **Motion** by ISLINGTON DIVISION: That this meeting calls on the BMA to commission an independent body to investigate the money spent by CCGs on the NHS market eg tendering, legal costs, back office functions etc and to publish them.

18r **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting asks the BMA to demand that the use of taxpayers’ money to promote the fragmentation of patient care and support costly tendering processes be stopped as these manoeuvres are result in a diversion of valuable resources from patient care.
19 Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting deplores the projected future reorganisation of the NHS into 44 Sustainability and Transformation areas (Transformation Footprints) linked to Local Authorities which:
   i) will require each area to have a Five Year Plan in place by June 2016;
   ii) will develop new models of health care policy without reliable supporting evidence and;
   iii) must achieve financial balance with the threat of large penalties for failure and calls on the BMA to condemn this massive “top-down” reorganisation.

19a Motion by CONFERENCE OF LMCS: That this meeting notes the direction of travel in ‘Vanguard Sites’ and calls for the abandonment of the purchaser/provider split in state funded healthcare in England.

19b Motion by CITY & HACKNEY DIVISION: That this meeting notes with dismay that the 5YF View and recently announced Sustainability and Transformation Plans (STP), with 44 "footprints", represent yet more top down reorganisations of the NHS, rendering the reorganisation of the H&SC Act in only 2013 irrelevant. The STP has been developed at pace and without consultation with clinicians, patients, Trusts, CCGs or local authorities. The announcement was made on 16th February, and detailed plans are expected by the 30th of June 2016. There is heavy pressure on CCGs to comply. If CCGs don't develop a STP, the CCGs won't get any growth money, and certainly no 'transformation' money. It is reorganisation by stealth, with decisions made by unaccountable transformation boards at footprint level in private with no lay representation. The BMA must vehemently oppose the STP programme, and the underlying FYF View. These are market driven changes without any evidence, leading to the breakup of the NHS. These reorganisations are a distraction from the real issue of chronic under-funding of the NHS and social care, and threaten existing integration and joined up working.

19c Motion by CONFERENCE OF LMCS: That this meeting demands that 'new ways of working' must be subject to proper pilot phases with independent academic assessment.

20 Motion by CORNWALL DIVISION: That this meeting is concerned that the NHSE is not supporting devolution and integration of healthcare, contrary to government policy and is undermining the independence promised to Cornwall.

21 Motion by ISLINGTON DIVISION: That this meeting demands that the BMA lobby government to stop private companies using the NHS logo when they deliver NHS care.

21a Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that the NHS logo should not be gifted to or used by private companies.

21b Motion by LEWISHAM DIVISION: That this meeting notes that private companies such as Care UK, Virgin and Serco are running many NHS Services. This meeting calls on the BMA and its members to demand that, where this is the case, the appropriate company logo be displayed in the same size and with the same frequency as the NHS logo.
Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH EAST REGIONAL COUNCIL): That this meeting:-
   i) believes that the current crisis in health and social care is a direct result of inadequate funding;
   ii) condemns further unachievable efficiency savings;
   iii) calls on the government to commit to match or exceed the average % GDP spent on health and social care made by comparable European countries.

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes that reducing the NHS budget to 6.6% of GDP by 2020 is incompatible with the promise of a publicly funded, fully comprehensive, free at the point of use NHS; and will lead to staff shortages, service closures and put patient safety at risk.

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting believes that the government’s insistence that the NHS can make further efficiency savings of 20 billion pounds is unrealistic and:-
   i) makes a mockery of the government’s proposal to have ‘seven day working’;
   ii) must not be achieved by the continuing cutting/freezing of NHS staff and wages;
   iii) demands that the government is honest with the public about the inevitable cuts in services and reduction in care that would be required to achieve it;
   iv) requests council to publicise this widely.

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting reminds the public that the government has chosen to limit its spend on the NHS to little more than 8% of GDP.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting condemns the government for cynical political expediency by calculating money necessary to fund the NHS until 2020 by creative accounting and by coercing the NHS England Chief Executive, Simon Stevens, to revise his estimate of £15 to £20 billion down to an unrealistic £8 billion and in addition requiring savings of £22 billion described as “efficiency savings” over the same period and asks the BMA to censure the government for false accounting.

Motion by LEWISHAM DIVISION: That this meeting notes the credible claim by a former government Minister that the Coalition Government put pressure on Simon Stevens to say the NHS would only need an increase in funding to £8 billion by 2020 when he actually believed it would need at least £15 billion. This meeting notes that the £22 billion “efficiency savings” the NHS is supposed to make by 2020 are generally agreed to be impossible, and will inevitably involve cuts. This meeting also notes the decline in percentage of GDP spent on the NHS, predicted to fall two percentage points to 6.6% by 2020, and that we are now falling further behind comparable countries. This meeting:-
   i) deplores the use of political pressure on supposedly independent organisations to get the outcomes politicians want;
   ii) deplores the fact that the Conservatives lied to the British public about how much money the NHS would need to be sustainable;
   iii) demands that the government commit to adequately funding the NHS;
   iv) demands that NHS funding be increased to the EU -14 average.
Motion by TOWER HAMLETS DIVISION: That this meeting notes:
   i) that as countries get richer they tend to spend a higher proportion of GDP on health care (John Appleby BMA 20th Feb 2016);
   ii) that the UK is going against this trend and investing a decreasing proportion of GDP in health care;
   iii) that this meeting calls on the BMA to insist that government bring health care spending as a proportion of GDP up to levels on a par with other developed economies.

Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting condemns the failure of all four governments across the UK to adequately fund the NHS and demands that this underinvestment be addressed as a matter of national urgency.

Motion by ISLINGTON DIVISION: That this meeting notes that the NHS has been subjected to the longest financial squeeze in its history and calls on the BMA to lobby the government to fund the NHS to the EU average.

Motion by CONFERENCE OF LMCS: That this meeting calls for health spending to reach the European average as a percentage of GDP.

Motion by LEWISHAM DIVISION: That this meeting instructs the BMA to lobby the government to bring spending on the NHS up to the Organisation for Economic Co-operation and Development average % of GDP spent on healthcare.

Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting requires the BMA to lobby HM government to increase and maintain NHS funding and budgets to at least the equivalent average per capita of European Union member states.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is appalled by the underfunding of the NHS relative to other first world countries, and demands that the BMA specifically targets this disparity in a public information campaign.

Motion by ROTHERHAM DIVISION: That this meeting demands that the government should either:
   i) address the health needs of the population rather than the demands or;
   ii) resource the NHS to address the demands.

Motion by CONFERENCE OF LMCS: That this meeting believes the government have not yet accepted that as cost and demand in NHS rises between 3.5 and 4% per year, funding increases of less than 1% simply can’t match that and still provide care at a standard we all wish; the sums do not work; population demographics and modern medicine need more funding now.

Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that the current crisis in health and social care is a direct result of inadequate funding and calls on the government to commit to match or exceed the average % GDP spent on health and social care made by comparable European countries.
* 23 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LEICESTERSHIRE & RUTLAND DIVISION): That this meeting asks the BMA to condemn the government for regarding the balancing of financial budgets as more important than safe staffing in hospitals and the community.

23a **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting asks the BMA to condemn the government for regarding the balancing of financial budgets as more important than safe staffing of hospitals.

23b **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is of the view that lessons have not been properly learned from Mid Staffs and is seriously concerned that:

i) financially driven decisions are now being made again to the detriment of patient care;

ii) patient safety is being compromised by the desire to save money;

iii) without urgent, adequate resources a similar situation to Mid Staffs is now a potential within the community provision of services.

23c **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that in the murkiness of all the austerity measures in the NHS and Local Authorities, lie some untold stories of poor care to patients and, and very likely, more Mid-Staff scandals in the making. The BMA is united in condemning the cutbacks and financial restraints which are crippling the NHS.

24 **Motion** by EDGWARE & HENDON DIVISION: That this meeting urges the government to ensure all NHS facilities have fit for purpose health care access for patients with disabilities, and to provide dedicated funding to achieve this.

**Special Representative Meeting**

Monday 12.15 – 12.30

25 **Motion** by THE AGENDA COMMITTEE: That this meeting receives the report of the Special Representative Meeting 2016 (ARM 14).

26 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes the current government plans for the NHS are unsustainable, are a danger to patient safety, and in order to combat this all health workers should stand together to fight against a worsening of terms and conditions for all those working within the NHS. We therefore demand the BMA:-

i) approach the Trades Union Congress (TUC) on behalf of the BMA to propose organisation of National Demonstration in defence of the NHS and Junior Doctors;

ii) work with the TUC in approaching NHS campaign groups, supportive organisations and political parties to assist with such a demonstration;

iii) join and support Health Campaigns Together (The coalition of Trade Unions and NHS Campaign Groups).

**Session closes**

Monday 12.30
**Session opens**  
**Monday 14.00**

**BRITISH MEDICAL JOURNAL**  
**Monday 14.00 – 14.10**

27 **Receive**: Report from the BMJ publishing group chair (Joseph Lippincott).

28 **Motion** by CONFERENCE OF LMCS: That this meeting believes the new British National Formulary (BNF) is very poor in layout compared to the previous ones and wishes the changes to be reversed.

**OPEN DEBATE ON SEVEN DAY SERVICES**  
**Monday 14.10 – 15.10**

The government continues to promote moves to a largely undefined seven day service often quoting research on a "weekend effect". This session will hear from two expert speakers on the latest research on the "weekend effect".

- Professor Paul Aylin, Professor of epidemiology and Public Health and the Co-Director of the Dr Foster Unit at Imperial College, London, and
- Professor Tim Doran, Professor of Health policy at the University of York

will present on recent research, followed by open debate by members of the Representative Body.

**SEVEN DAY SERVICES**  
**Monday 15.10 – 15.25**

* 29 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SALISBURY DIVISION): That this meeting, with respect to seven day urgent and emergency services:

i) condemns the persistent misinterpretation by politicians of data on morbidity adjusted hospital mortality, by day of week;

ii) demands that the government should be evidence based in its approach.

29a **Motion** by SALISBURY DIVISION: That this meeting-:

i) is dismayed that on the day of the junior doctors’ industrial action the Secretary of State for Health raised the stakes in his misuse of statistics for political gain;

ii) recognises that to make the NHS sustainable the UK government needs to understand that using misleading statistics is detrimental to the publics’ perception of the effectiveness of the NHS and all who work within it;

iii) asks the BMA to enhance the effectiveness of their public relations.

29b **Motion** by LEWISHAM DIVISION: That this meeting notes that both Jeremy Hunt and the Department of Health have misled the public by wilful misrepresentation of research evidence and statistics, most notably in the abuse of the evidence of increased mortality of weekend admissions to support policy proposals. This meeting-:

i) condemns the abuse of statistics by Jeremy Hunt;

ii) demands that government organisations and ministers base policies on proper scientific interpretation of evidence;

iii) demands that government organisations and ministers answer reasoned critiques of the evidence they use to support their policies.
29c Motion by CONSULTANTS CONFERENCE: That this meeting:-
i) believes that no progress is achievable in the absence of a clear definition and clear understanding - by both clinicians and the general public - of a “Seven Day NHS Service”;
ii) notes that there is ample evidence that hospital care at weekends can be excellent within the current terms and conditions of service of hospital doctors: examples publicised in the media include Queen Elizabeth Hospital in Birmingham and Salford Royal Hospital;
iii) believes that the proposed contract changes are intended to reduce medical staff’s pay and not to improve patient care;
iv) calls on all Chief Executives and Medical Directors to ensure safe staffing levels at nights and weekends within the current terms and conditions of service;
v) ask the BMA to insist that a workable definition of Seven Day Services is provided by this government.

29d Motion by JUNIOR MEMBERS FORUM: That this meeting believes that effective communication of statistics helps prevent misinformation and that this government has produced misinformation on seven day care and weekend working. We call on the BMA to improve circulation of data and studies on this subject be it through their own communications or by assisting the grassroots campaigns.

29e Motion by LINCOLN DIVISION: That this meeting, re seven day services, is alarmed at the persistent misinterpretation by politicians of data on hospital mortality by day of week, and calls on the Chief Medical Officer [England] to publish a review of current data, using the definition of Monday to Friday as weekdays, and Saturday and Sunday as weekend days.

29f Motion by SOLIHULL DIVISION: That this meeting deplores the attempted imposition of a contract on junior doctors. We call on the BMA to:-
i) work further to publicly promote the BMA view to the public that doctors already work seven days a week;
ii) further develop its Facebook and Twitter campaigns;
iii) again highlight the misleading campaign from the Department of Health and the Secretary of State;
iv) repeatedly highlight the misuse of seven-day mortality data by the Secretary of State in the media;
v) campaign directly to and influence NHS employers.

29g Motion by NORTH WEST REGIONAL COUNCIL: That this meeting agrees unanimously that the BMA should lead on a high level conference on seven day mortality to establish what is fact, and what is a political convenience.

29h Motion by SALISBURY DIVISION: That this meeting:-
i) fully supports the current 24/7 NHS that is currently present;
ii) supports our colleagues and allied health care professions who help to provide this service alongside doctors;
iii) believes that any further changes by the government to the current 24/7 NHS ought to be appropriately evidence based;
iv) demands any further changes ought to include engagement with groups who provide that care e.g. doctors, nurses, allied health care professionals, social services.
* 30 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE WEST MIDLANDS REGIONAL COUNCIL): That this meeting:-
  i) is unequivocal in its support for patients having access to the same high standard of urgent and emergency care throughout the week;
  ii) believes that it is impossible to deliver routine non-urgent seven-day services across primary and secondary care, within the current five day financial resources and workforce;
  iii) calls on the government, to publish a fully funded model for how it will deliver on its manifesto commitment for a seven day service.

30a Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting demands that the Secretary of State for Health publishes a clear and fully-funded model for the ‘7-day NHS’.

30b Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting recognises that, in respect of seven-day access to services:-
  i) current resources are intended to run seven-day emergency services and five-day elective services in most parts of the NHS;
  ii) staff including doctors work throughout both seven-day emergency periods and five-day elective periods, according to their terms of contract;
  iii) one of the chief obstacles faced by clinical staff on bank holidays and at weekends is reduced access to support services both in primary and secondary care;
  iv) current medical workforce shortages throughout the United Kingdom create challenges even to run a five-day elective service;
  v) current infrastructure provision makes access to hospital and community health services outside normal hours less easy than during normal working hours;
  vi) if a seven-day elective service is to be provided in any part of the United Kingdom, it must be properly researched, appropriately resourced, adequately staffed, accessible to patients, and not reliant on excess hours of work by individual doctors.

30c Motion by LINCOLN DIVISION: That this meeting, re seven day services, believes that it is dangerous to raise expectations of a seven-day elective service, across primary and secondary care, when the financial resources and workforce are currently inadequate to deliver a safe service over five days. We call on BMA council to lobby the opposition and independent politicians of both Houses of Parliament to raise effective opposition to this government policy.

30d Motion by CONSULTANTS CONFERENCE: That this meeting welcomes the Scottish government’s sensible definition of Seven Day Services concentrating on Urgent and Emergency Care. We call for the government to:-
  i) stop blaming doctors for its failure to deliver coherent plans for the NHS;
  ii) define what it means by “Seven Day Services”; 
  iii) adopt a sensible affordable sustainable approach to Seven Day Services which focuses on urgent and emergency care rather than un-called for 7 day elective working.
30e **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting:-
i) is unequivocal in its support for seven day emergency hospital services and believes that patients should receive the same high standard throughout the week;
ii) acknowledges the high level of anger arising from doctors about government and media attacks against the profession on the statistics for morbidity and mortality rates for weekend care;
iii) requests that council further promotes the evidence based view to the public countering the serious government misinformation on this issue;
iv) denounces the government for the disastrous consequences this has had on patients.

30f **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting supports the seven day hospital service but insists that this must be fully funded.

30g **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting insists that the government, in the persons of the Secretary of State for Health and the Chief Medical Officers, make a clear and unequivocal statement to the population confirming that there is already in place, in all hospitals and via GP OOH services, a full 24 hour NHS service for ill patients, delivering urgent and emergency care for a full 7 days each week.

30h **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting demands that the Secretary of State for Health (England) defines the model of 7 day working the government seeks to implement, ensures appropriate funding, manpower and adequate support services, to provide a total package of effective care with appropriate safeguards for the providers.

30i **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes with concern significant rota gaps at all levels in acute specialties:-
i) we hold that these constitute a serious patient safety issue;
ii) we reject a 7-day elective service as unnecessary, unfunded and unsafe as there are currently insufficient doctors for 7-day emergency care;
iii) we hold that the government’s drive for 7-day elective services is specifically geared to its privatisation agenda;
iv) we call for doctors’ contracts which appropriately reward urgent and emergency care;
v) we defend consultants’ right to refuse non-emergency work after 19.00 and at week-ends;
iv) we call on the government to fully fund a safe 7-day emergency service.

30j **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting:-
i) is seriously concerned about the ability to deliver routine seven day services when the majority of trusts are in financial deficit and there is an acknowledged funding shortfall of £30 billion by 2020/21;
ii) applauds the BMA communication of the seven questions for the prime minister about seven day services which were placed in major newspapers over a seven day period;
iii) demands that the BMA continues to press the government to produce the details of its plan to deliver 7 day services, in particular how services would be resourced.
Motion by SAS CONFERENCE: That this meeting demands that the Secretary of State for Health:-
   i) defines the model of seven day services that the government seeks to implement;
   ii) ensures appropriate funding, manpower and adequate support services, to provide a total package of effective care with appropriate safeguards for the providers.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting asks the BMA to continue to demand that the government and NHS England describes how it intends to fund a truly seven day NHS service alongside other pressing priorities such as improvements in cancer treatment, mental health care and social care of the patient and £22B efficiency savings by 2020.

Motion by TOWER HAMLETS DIVISION: That this meeting notes that:-
   i) government continue to push their vision of a “seven day NHS” despite the fact that they have made no commitment to providing the extra revenue which is widely regarded as necessary to do so;
   ii) all branches of practice could potentially be in dispute with government with respect to the imposition of worse than current contracts with regard to seven day working;
   iii) this meeting calls on all branches of practice to unite in opposing such impositions and where possible to take industrial action together.

OCCUPATIONAL MEDICINE

Monday 15.25 – 15.45


* 32 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE BIRMINGHAM DIVISION): That this meeting believes the existing system of occupational health support for doctors is inconsistent and at times inadequate and calls for:
   i) adequate ring-fenced funding for, and access to, occupational health services for doctors;
   ii) occupational health services that are mindful of the pressures of working and training as a doctor.

Motion by BIRMINGHAM DIVISION: That this meeting believes in respect of occupational health services:-
   i) all doctors should have access to good quality occupational health services;
   ii) occupational health costs should be fully reimbursed for GPs and their staff.

Motion by JUNIOR DOCTORS CONFERENCE: That this meeting believes that the current system of occupational health support for junior doctors is patchy and at times inadequate. This is having a detrimental effect on doctors’ health and wellbeing. It calls on the BMA to lobby for:-
   i) proper funding of occupational health services for doctors;
   ii) doctors to have quick access to a consultation with an appropriately trained and skilled consultant or specialist in occupational medicine;
   iii) that all such consultations be carried out sympathetically and with due regard for the unique pressures of junior doctor life;
   iv) further promotion and advertising of the Doctors for Doctors service and BMA Counselling.
Motion by BUCKINGHAMSHIRE DIVISION: That this meeting calls on the government to honour its promise to provide an occupational health service for all those who work in the NHS.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all NHS employers to recognise the emotional needs of staff with caring responsibilities, or who are recently bereaved, and to put in place individualised support tailored to that person’s needs.

MEDICAL ACADEMIC STAFF

Monday 15.45 – 16.05

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

Motion by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to lobby HEE in order to recognise that academic research, whether it be undertaking an MD or a PhD, is a valid reason and a right to defer the start of a training program either at core training or specialty training level.

Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes with concern the reports that a number of medical academics have found it difficult to find a suitable appraiser and to be revalidated. This meeting believes that a revalidation process wholly focussed on clinical activity will narrow and diminish what it means to be a doctor and that important parts of the role are those of teacher and researcher. This meeting, therefore, calls on the BMA to work with the Medical Royal Colleges to enhance the status of academic medicine and improve the support offered to medical academics through the establishment of a joint Faculty of Academic Medicine which would provide the responsible officer function to those who need it, lobby on behalf of academic medicine to government and co-ordinate and enhance the support available regarding academic training and careers.

Motion by SCOTTISH COUNCIL: That this meeting believes that adequate provision of maternity leave for women in academia should be incorporated as a requirement in the Athena Swan criteria.

FINANCES OF THE ASSOCIATION

Monday 16.05 – 16.20

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

Motion by TREASURER: That the annual report of the directors, treasurer’s report and financial statements for the year ended 31 December 2015 as published on the website be approved.

Motion by TREASURER: That subscriptions outlined in document ARM1B (appendix IV) be approved from 1 October 2016.

Motion by LOTHIAN DIVISION: That this meeting calls for a full report from the Association on the introduction of the outsourcing of BMA expenses claims to include costs and savings.

Motion by NORTH EAST WALES DIVISION: That the Concur system for travel expenses in unnecessarily complicated, cumbersome and confusing to the user and calls upon the Treasurer to simplify the system.
Contingency time

Monday 16.20

BMA STRUCTURE AND FUNCTION

Monday 16.25 – 17.15

* 42 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EASTERN KENT DIVISION): That this meeting believes the ARM should be reviewed to consider:-
   i) a duration of no more than three days;
   ii) a revised format for debates;
   iii) the status of the Junior Members Forum.

42a Motion by EASTERN KENT DIVISION: That this meeting believes that the BMA council should consider the pros and cons of shortening the ARM to three full days.

42b Motion by CITY & HACKNEY DIVISION: That this meeting acknowledges the ARM costs over £1 million per year. In view of BMA funds needed for doctors taking action, including industrial action, to defend pay and conditions, we call on the RB to accept a slimmed down ARM. ARM to run from Monday morning to Wednesday early evening. Members of the RB to arrive on Monday morning unless they have to travel over three hours when they will be accommodated on Sunday night at expense of the BMA. No provision for partners programme but carers and childcare provided.

42c Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting, noting both the rapidly changing medico-political agenda and the need to be more cost-effective believes the:-
   i) current pattern of the ARM is not fit for purpose nor good value for money;
   ii) current pattern at this meeting of holding a large number of short debates should end and alternative more effective ways of conferring together and setting policy should be tested;
   iii) option of holding shorter meetings more than once a year should be explored with a report brought back of how this could be implemented to the ARM of 2017.

42d Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the junior members forum as a true grassroots, cross branch of practice conference and calls upon the BMA to:-
   i) continue to uphold and support its unique position in the BMA;
   ii) consider the addition of a JMF section on the ARM agenda;
   iii) consider a minimum number of JMF motions to be protected to ARM;
   iv) allow the chair of JMF to attend ARM agenda committee meetings, equal with other branch of practice and committee chairs.

42e Motion by NORTH WEST REGIONAL COUNCIL: That this meeting asks agenda committee, in circumstances where there are motions on the same subject in opposite directions and a single debate would be sensible either:-
   i) to group them but place a star on a motion in each direction and consider them in common debate or
   ii) if the situation is too complex for a binary choice to prepare a composite with contradictory parts and identify which parts will fall if other parts are passed.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting welcomes the BMA pilot on local membership engagement and demands the outcome of the pilot:-

i) specifically enhances BMA visibility and meaningfulness to the members in the regions;

ii) encourages genuine membership engagement with new ways of communicating at a local level;

iii) assists in providing a far greater and meaningful role for Regional Councils in planning and delivering positive outcomes in important issues such as 'new models of care'.

* Motion by ENFIELD AND HARINGEY DIVISION: That this meeting calls on the BMA to affiliate to the Trades Union Congress (TUC).

Motion by NORTH EAST REGIONAL COUNCIL: That this meeting notes that the BMA whilst the largest trade union representing doctors, is not currently affiliated to the TUC and we believe, that:-

i) the current NHS Crisis requires all NHS workers to work together in order to safeguard the future of the NHS;

ii) affiliation to the TUC would be beneficial to the BMA and its members, providing opportunity for greater collaborative working between health unions;

iii) the BMA should therefore seek to join the TUC at its earliest opportunity.

Motion by MANCHESTER & SALFORD DIVISION: That this meeting instructs the BMA to develop closer working relationships with other trade unions and professional associations, building on the work of the junior doctors. The BMA will:-

i) issue statements of support for campaigns or industrial action taken by trade union and professional associations against privatisation of public services;

ii) issue statements of support for groups of workers, trade unions or professional associations campaigning or taking action to defend working conditions or contracts;

iii) take joint days of action with other health unions;

iv) follow the lead of the RCM and join the TUC.

Motion by TOWER HAMLETS DIVISION: That this meeting, in the light of the support Juniors Doctors have received from TUC affiliated trade unionists, and the escalating attacks by the government on the terms and conditions of employment of all NHS workers, calls for:-

i) the BMA to affiliate to the Trades Union Congress;

ii) joint days of action with other health unions.

Motion by LONDON REGIONAL COUNCIL: That this meeting calls on the BMA to affiliate to the Trades Union Congress (TUC).

Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that this government’s response to the global economic crisis, is to make the workers pay, through attacks on terms and conditions, austerity cuts, privatisation, and political rights. This meeting therefore calls on the BMA to set up a political fund so that it can campaign in defence of the NHS as a public service, and to oppose the new anti-union laws.
Motion by CITY & HACKNEY DIVISION: That this meeting gratefully acknowledges support for Junior Doctors dispute from the National Union of Teachers, and recognises that the mechanisms of enforced changes to Education and Health share logistical similarities. These similarities include selling off public assets, loss of national terms and conditions, loss of professionalism, drive to privatisation, loss of public accountability.
i) this meeting calls on BMA to locate the Junior Doctors’ struggle in the wider context of the government’s enforced decline of public sector services, by developing liaison with other Unions;
ii) this meeting calls on BMA to affiliate to TUC.

Motion by ENFIELD AND HARINGEY DIVISION: That this meeting recognises that this government’s response to the global economic crisis, is to make the workers pay, through attacks on terms and conditions, austerity cuts, privatisation, and political rights. This meeting therefore calls on the BMA to set up a political fund so that it can campaign in defence of the NHS as a public service, and to oppose the new anti-union laws.

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that we should repeal the motion passed at the 1997 Annual Representative Meeting (“That the British Medical Association should not seek affiliation to the Trades Union Congress.”) and should instead actively seek affiliation to the Trades Union Congress.

Motion by ISLINGTON DIVISION: That this meeting calls on the BMA to affiliate to the TUC.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS): That this meeting calls for the BMA to review its committee structures and propose recommendations to ensure:-
i) effective representation of members regardless of employer or contractual situation;
ii) stronger and more devolved 4-nation and regional structures;
iii) improved visibility and engagement of under-represented groups, including women doctors.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that the BMA currently inadvertently disenfranchises increasing sectors of the medical workforce who do not fit neatly into the current branch of practice framework as doctors are increasingly employed by private and third-sector organisations on non-nationally agreed contracts. We call for:-
i) an additional committee to be set up within the current BMA structure to adequately represent those doctors employed outside the NHS who are providing NHS commissioned care;
ii) the BMA to actively pursue formal trade union recognition with those employers who provide NHS commissioned care from outside the NHS umbrella.
45b **Motion** by SCOTTISH COUNCIL: That this meeting believes that the time has now come for separate England branch of practice committees and a national council for England to be formed with provision for over-arching UK branch of practice committees with representation from each of the 4 nations. We call on the BMA organisation committee and finance committee to investigate the feasibility of this.

45c **Motion** by LEWISHAM DIVISION: That this meeting deplores the appalling representation of consultant women in the election ballot for BMA Council, being just 1 out of 21 consultant candidates in that ballot. This meeting demands that the BMA takes urgent action as follows to redress this:—

i) sets up a mentoring programme supported by existing women consultants within the BMA leadership to engage new members and advise those taking their first steps in medical politics;

ii) requires representation on each executive committee from a named member responsible for putting forward the interests of those with caring commitments and less than full time contracts;

iii) advertises its support of the principles of the Athena SWAN charter and Equality Challenge Unit for the BMA.

45d **Motion** by WIGAN DIVISION: That this meeting notes with sadness the reduced number and activity levels of BMA divisions in the 21st century. Rather than allow the prolonged demise of this once useful but now defunct layer of the organisation, we call upon the BMA to do the kindest thing and put divisions out of their misery – to abolish them and reinvest their human and fiscal resources in the various regional and national parts of the association.

45e **Motion** by SALISBURY DIVISION: That this meeting notes the existence of some 400 BMA committees and recommends that a rigorous stocktake is performed of the current list to assess need, activity, relevance and impact, and also proposes that any new committee should be time and task limited with regular review of performance as part of an annual report of overall activity to council.

45f **Motion** by FORENSIC MEDICINE COMMITTEE: That this meeting believes that doctors working within the various health and justice settings should be represented by a single BMA committee.

45g **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting asks the Organisation Committee to bring forward proposals which will ensure that the male: female ratio on BMA council is no less than 0.4 or more than 0.6 as this is the range of ratios which research has shown to be associated with the highest organisational effectiveness given the gender attributes socially created in modern Western societies.

45h **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting:-

i) acknowledges the many specific challenges faced by doctors working in forensic medicine and secure environments;

ii) requests the BMA to bring representation of all doctors working in forensic medicine and secure environments into one single committee.
* 46 **Motion** by RETIRED MEMBERS FORUM: That this meeting asks the BMA to explore providing systems to assist members in volunteering their skills and knowledge internationally and locally.

46a **Motion** by BRISTOL DIVISION: That this meeting requests the BMA to organise systems and resources that can facilitate members wishing to volunteer their expertise to improve health care in the UK and internationally.

A 47 **Motion** by EDGWARE & HENDON DIVISION: That this meeting urges the BMA to publish “green papers” exploring the concepts and implications for all branches of practices of the new models of care proposed by Five Year Forward View, and to additionally produce guidance for doctors affected by these developments.

A 48 **Motion** by LEWISHAM DIVISION: That this meeting recognises the success of the BMA Committees Visitors Scheme in involving new grass roots members in its Consultants Committee. This meeting calls for this scheme be extended by:-

i) setting up a mentoring programme for visitors to committees;

ii) facilitating the ease by which BMA members can visit committees by having a regular allocation of places at each committee that can be filled on a ‘first come first served’ basis;

iii) that it be more widely advertised to increase uptake by wider membership.

A 49 **Motion** by CITY & HACKNEY DIVISION: 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.

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

Monday 17.15 – 17.30

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

Session closes

Monday 17.30
PROFESSIONAL REGULATION, APPRAISAL AND THE GMC          Tuesday 9.15 – 9.45

*  50  Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting asks the
      BMA to enter into discussion with the CQC in order for them to produce evidence
      based standards and clear criteria for their visits.

   50a  Motion by NORTH WEST REGIONAL COUNCIL: That this meeting requests the BMA to
         demand a pause to the expensive time-consuming, stressful and unevidenced CQC
         inspections of General Practice until there is evidence of:-
         i)  a consistent and evidence-based approach to the standards expected by inspectors;
         ii)  robust and peer-reviewed evidence that the inspections are producing measurable
              outcomes in terms of improved patient safety.

   50b  Motion by EDGWARE & HENDON DIVISION: That this meeting is alarmed by the
         findings of the BMA survey demonstrating the damaging impact of CQC inspections on
         GP practices and patient care, and believes the current regime must be replaced as a
         priority with a proportionate, targeted and supportive system in the interest of quality
         and safety.

   50c  Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting asks the
         BMA to request the CQC to stop announcing initial visits in order:-
         i)   for them to start off their inspection by seeing how a service is working in the real
              world and;
         ii)  to prevent the present theatrical stage management of the visits which occurs in
              many hospitals.

   50d  Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes strongly that
         the Care Quality Commission (CQC) inspections have been causing a lot of stress to the
         hard working doctors and staff at the GP surgeries and the hospitals as well by
         spending many hours inspecting the premises, and taking these doctors away from
         their day-to-day working routine to the detriment of patients’ health and safety,
         putting their lives at risk. Many inspectors often with minimum experience, make
         unjustified and unhelpful remarks based on external features like wall decorations or
         bedroom furniture rather than the quality of care and compassion from the staff
         including doctors and nurses to the patients whose primary duty is look after the best
         interests of the patients. This meeting calls upon the BMA to make strong
         representation to the NHS England and the Secretary of State for Health to reduce the
         bureaucratic burden placed on the hospitals and the GP surgeries and recognise the
         valuable contribution doctors and nurses make in improving the quality of care for the
         patients.

   50e  Motion by WALTHAM FOREST DIVISION: That this meeting is alarmed at the steep
         increase in unnecessary workload and stress on health professionals generated by CQC
         visits, and insists that the BMA make powerful attempts to restrain this out-of-control
         juggernaut.

   50f  Motion by MID-SURREY KINGSTON & Esher DIVISION: This meeting wished to record
         that the CQC registration process of GP practices is onerous and destructive as it takes
         doctors away from the clinical care of their patients.
51 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST REGIONAL COUNCIL): That this meeting demands that:-
   i) there is critical and peer-reviewed assessment of the appraisal process to ensure it is fit for purpose, equitable nationwide and does not discriminate against doctors in portfolio or non-standard careers;
   ii) there is robust and peer-reviewed evidence that appraisal and revalidation processes are actually producing outcomes of improved patient safety and patient confidence in the profession;
   iii) the appraisal system should be only for professional development and not for performance management;
   iv) in the area of appraisal documentation the same standards of confidentiality are applied to medical practitioner information as to patient information;
   v) doctors’ appraisal for the purposes of revalidation of their clinical role should be performed by doctors.

51a Motion by NORTH WEST REGIONAL COUNCIL: That this meeting requests the BMA to demand a pause to the time-consuming, stressful and increasingly complex process of annual appraisals and of revalidation until:-
   i) there is a critical and peer-reviewed assessment of the appraisal process to ensure it is fit for purpose, equitable nationwide and does not discriminate against doctors in portfolio or non-standard careers;
   ii) there is robust and peer-reviewed evidence that the processes are actually producing the claimed outcomes of improved patient safety and patient confidence in the profession.

51b Motion by MID-SURREY KINGSTON & Esher Division: That this meeting wishes to confirm that the appraisal system should be only for professional development and not for performance management.

51c Motion by LOTHIAN DIVISION: That this meeting demands that, in the area of appraisal documentation, the same standards of confidentiality are applied to medical practitioner information as to patient information.

51d Motion by SCOTTISH COUNCIL: That this meeting demands that, in the area of appraisal documentation, the same standards of confidentiality are applied to medical practitioner information as to patient information.

51e Motion by NORTH EAST WALES DIVISION: That the appraisal system in Wales is faulty and broken especially for smaller specialties.

51f Motion by SCOTTISH COUNCIL: That this meeting recognises that multicentre patient/disease/condition registries now form a recommended part of appraisal for many specialties. We therefore request the BMA to work with the Association of Caldicott Guardians to reduce the administrative obstacles to this by instituting a single central Caldicott Guardian approval mechanism, with appropriate safeguards, for these registries.

51g Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that doctors’ appraisals for the purposes of revalidation of their clinical role should be performed by doctors.
51h **Motion** by SALISBURY DIVISION: That this meeting believes that GPs, Consultants and SAS doctors' appraisals, for the purposes of revalidation of doctors' clinical roles, should be performed by doctors.

* 52 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SAS CONFERENCE): That this meeting believes that the BMA should support a move to shift funding for the GMC from the medical profession to those it protects, namely the public.

52a **Motion** by SAS CONFERENCE: That this meeting believes that, following the recent statement from the chair of GMC, Professor Terence Stephenson that the GMC is not there to protect doctors but to protect patients, the BMA should support a move to shift funding for the GMC from the medical profession to those it protects, namely the public.

52b **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting accepts that the profession has lost all confidence in the GMC to regulate doctors fairly and therefore requests that:-
   i) alternative funding of the GMC is considered;
   ii) BMA council seeks the views of its membership on reforming the GMC.

52c **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes the recent declaration in its press notices that the GMC does not guide or help doctors and therefore this meeting instructs the BMA to negotiate the end of doctors funding the GMC.

A 53 **Motion** by SUFFOLK DIVISION: That this meeting insists that all managers must be accountable to a professional body, such as health professional registration.

A 54 **Motion** by BIRMINGHAM DIVISION: That, in respect of complaints procedures:-
   i) a doctor who is the subject of a complaint should be fully informed and involved in the management of the complaint;
   ii) locum doctors in all settings should be treated equitably in respect of complaints;
   iii) all doctors are entitled to defend their professional reputation.

A 55 **Motion** by BIRMINGHAM DIVISION: That this meeting believes all GMC enquiries should be completed within twelve months of receipt.

A 56 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is concerned about the stress, depression and other tragic consequences on doctors in the GMC’s Fitness to Practice procedures. It demands that the BMA urgently seeks talks with the GMC on what steps it is taking to limit these damages and what extra support can be made available to these doctors.

A 57 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting has no faith in the CQC.
Receive: Report from the BMA Northern Ireland council chair (John D Woods).

59 Motion by NORTHERN IRELAND COUNCIL: That this meeting considers that a population health model is necessary to meet the needs of the population of Northern Ireland and should be explored in any service reforms. This meeting believes that:-

i) the new model should use Northern Ireland’s integrated health and care structures to their full potential;

ii) priorities should be based on an assessment of local population health needs;

iii) funding mechanisms should support the delivery of effective care outcomes for patients;

iv) the current mechanism of funding HSC Trusts through a block contract can lead to stagnation and service fragmentation.

59a Motion by NORTHERN IRELAND COUNCIL: That this meeting believes that the current system of health and social care in Northern Ireland needs urgent reform and believes that the current review by Professor Bengoa is an opportunity for meaningful change based on patient needs and outcomes. This meeting calls for:-

i) any reforms to be clinically led with genuine clinical engagement from the outset to deliver safe and effective care for patients;

ii) effective workforce planning across primary and secondary care to be a core component of service change;

iii) recognition that the NIGPC federation model of general practice can facilitate this process and must be resourced by government.

60 Motion by NORTHERN IRELAND COUNCIL: That this meeting welcomes the retention of the public health agency (PHA) in Northern Ireland with a renewed focus on prevention and early intervention. This meeting believes that:-

i) the PHA should employ the appropriate number of public health physicians;

ii) budgetary cuts to the PHA must not adversely impact on services or doctors;

iii) enhanced functions should be appropriately resourced;

iv) the health protection function must be a core component of public health services.

61 Motion by NORTHERN IRELAND COUNCIL: That this meeting notes the consideration being given by the Ulster University to establish a graduate entry medical school in the North West. That this meeting believes that:-

i) any establishment of a second medical school in Northern Ireland should be accompanied by an appropriate number of fully funded training places;

ii) any expansion of training places needs to be part of an overall medical workforce plan for Northern Ireland;

iii) the entry criteria to medical school in Northern Ireland must not disadvantage young people in Northern Ireland, particularly those from low-income families.
**INTERNATIONAL AFFAIRS**

**Tuesday 10.15 – 10.35**

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

* 63 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CONFERENCE OF LMCS): That this meeting calls on governments to recognise the increased health needs of refugees and asylum seekers by including health need with social service need when allocating resources for the provision of services to refugees and asylum seekers.

63a **Motion** by CONFERENCE OF LMCS: That this meeting calls on the Scottish and UK governments to recognise the increased health needs of refugees and asylum seekers by including health need with social service need when allocating resources for the provision of services to refugees and asylum seekers.

* 64 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CONFERENCE OF BMA DIVISIONS AND REGIONAL COUNCILS): That this meeting celebrates the enormous contribution of overseas medical graduates to the NHS and:-

   i) urges governments to recognise this at a time of severe recruitment and retention difficulties;

   ii) in respect of doctors, rejects the recent report from the Migration Advisory Committee;

   iii) asks the BMA to negotiate the exemption from the proposed Immigration Health Surcharge of NHS staff covered by the new visa regulations.

64a **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting celebrates the enormous contributions of overseas doctors to the NHS and in light of the recent Migratory Advisory Committee report, urges governments to recognise this at a time of severe recruitment and retention difficulties.

64b **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned by the recent report from the Migratory Advisory Committee, and calls on the BMA to:-

   i) continue to lobby against this;

   ii) engage with key stakeholders, when representing overseas doctors.

64c **Motion** by SAS CONFERENCE: That this meeting asks the BMA to negotiate with home office/immigration authority for NHS staff who are under the new visa regulations to be exempt from the Immigration Health Surcharge.

A 65 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting calls on the BMA to keep members informed of its activities at the World Medical Association (WMA) by means such as alerts on new developments, providing a link to the WMA website, and reporting on debates at the WMA General Assembly.
Motion by LINCOLN DIVISION: That this meeting re human rights believes that access to healthcare should be a fundamental human right, and calls on the BMA, through its International Department, to lobby for extension of the UN Convention on Human Rights to include access to healthcare.

STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS      Tuesday 10.35 – 10.55

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SOUTH WEST REGIONAL COUNCIL): That this meeting wholeheartedly endorses the principles of the nationally agreed SAS Charters and calls on all employers to implement their provisions as a minimum. Furthermore, this meeting recommends that the BMA, through Local Negotiating Committees, seek to further develop and agree local implementation arrangements that improve upon and extend the minimum recommendations of the national Charters.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is deeply concerned about diversion of the SAS development fund for other purposes and strongly urges the Health Education England to give clear instructions to the Local Education and Training Boards so as to:-
   i) ensure that this funding continues to be utilised for SAS development needs; and
   ii) refrain from diversion of this funding for other purposes.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that individual outcome data should be made available for SAS doctors in order to support their appraisal and revalidation. This would enhance accountability, productivity and allow for greater recognition of the work of SAS doctors. It therefore urges the BMA to call on NHS England to make this data available to SAS doctors.

CONSULTANTS      Tuesday 10.55 – 11.20

Motion by BUCKINGHAMSHIRE DIVISION: That this meeting requests council to produce guidance to support consultants who continue to treat NHS patients but are no longer employed by NHS trusts.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting believes trusts and Health Boards across the country are increasingly encroaching on SPA time to convert it to direct clinical working time. This meeting wants to express its disappointment, and urges the government to respect the consultant contracts.
Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting regrets the recent changes to consultants' contracts and pension legislation and believes that this will lead to the retirement of many senior members of the profession to the detriment of their employing organisations and patients.

AFC

Tuesday 11.20 – 11.25

Receive: Report from the BMA AFC chair (Glynn Evans).

MEDICAL ETHICS

Tuesday 11.25 – 12.15

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

Motion by SCOTTISH COUNCIL: That this meeting notes that junior doctors are frequently asked to gain consent from patients for procedures that they are not able themselves to perform, or for procedures of which they have limited knowledge. This meeting therefore:

i) acknowledges the GMC guidance “Consent: patients and doctors making decisions together”, which states the doctor undertaking the procedure should discuss it with the patient, or delegate this discussion to a suitably trained person with sufficient knowledge;

ii) encourages junior doctors to refuse to gain consent for a procedure if they do not have sufficient knowledge of the procedure.

Motion by CONFERENCE OF LMCS: That this meeting recognises a diagnosis of frailty and:-

i) that a medical diagnosis of frailty should be formalised and that when made should signify to all the end of standardised protocols and investigation and to emphasise the role of palliation;

ii) believes that a "do not resuscitate" or “allow a natural death” order should only be issued as part of an overall patient care plan.

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that a “Do not resuscitate” or “Allow a natural death” decision should only be made as part of an overall patient care plan and not as a stand alone item.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting, with respect to Physician Assisted Dying, notes the recent rejection by Parliaments of efforts to overturn the law on Physician-Assisted Dying and therefore feels that it is not appropriate at this time to debate whether or not to change existing BMA policy.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that the BMA should adopt a neutral stance on assisted dying.

Motion by JUNIOR MEMBERS FORUM: That this meeting believes that following the adoption of an opt-out system for organ donation in Wales in 2015, the BMA should actively lobby the governments in England, Scotland and Northern Ireland to implement an opt-out system.
Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: This meeting calls on the UK government to protect girls from the illegal practice of female genital mutilation and calls for:-
  i) schools and social services to be aware of the problem and give preventative protection and advice;
  ii) appropriate prosecution of perpetrators of the crime;
  iii) development of a joint strategy for protection shared by the police, health, social work and education services.

Contingency time Tuesday 12.15
Session closes Tuesday 12.20

ANNUAL GENERAL MEETING Tuesday 12.20 – 12.30

184th ANNUAL GENERAL MEETING to be held in the Belfast Waterfront Hall, 2 Lanyon Place, Belfast, Antrim, BT1 3WH on Tuesday 21st June 2016 at 12.20 pm.

ARM ADDITIONAL PROGRAMME TUESDAY AFTERNOON Tuesday 14.15 – 16.15

Your voice. Your BMA.
Sharing success; learning from experience. What we can learn from the practical experience of dealing with local campaigns, restructures and devolved healthcare, to best support and represent members.

With examples of where a strong local presence and involvement by our members can really influence and impact on the key issues in their area the afternoon is designed to explore how the BMA can best work with members to improve how we organise, how we raise the profile of the BMA locally and how we increase the member involvement.

Hall 1, Level 1, Belfast Waterfront Hall.
**SCOTLAND**

**Wednesday 9.15 – 9.35**

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

* 84 **Motion** by LOTHIAN DIVISION: That this meeting strongly opposes the use of demographic data collected by the NHS to compile or populate a database of Scottish tax payers.

84a **Motion** by SCOTTISH COUNCIL: That this meeting strongly opposes the use of patient demographic data collected by the NHS to populate or compile a database of Scottish tax payers. Any such action is likely to deter those most at risk from registering with NHS Scotland or seeking necessary treatment.

85 **Motion** by SCOTTISH COUNCIL: That this meeting appreciates the intentions of the Scottish government to enable SAS doctors to develop but is very concerned that SAS doctors are not consulted adequately. This meeting calls upon the Scottish government to consult with BMA Scotland formally and SAS doctors more widely before implementing any proposed plans.

86 **Motion** by LOTHIAN DIVISION: That this meeting notes the Scottish government’s decision to scrutinise more closely the Transplantation (Authorisation of Removal of Organs etc.) (Scotland) Bill and we call upon BMA Scotland to:

i) work to increase organ donor rates in Scotland by means of public information and education;

ii) encourage research into alternatives to transplantation.

**TRAINING AND EDUCATION**

**Wednesday 9.35 – 10.05**

* 87 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all undergraduate and postgraduate Deans to ensure that doctors at every stage of training understand the Mental Capacity Act, recognise that capacity can fluctuate, recognise reversible causes of impaired capacity and understand the requirement to involve those important to a patient in a meeting about a best interests’ decision.

87a **Motion** by CONSULTANTS CONFERENCE: That this meeting observes and welcomes the imminent introduction of the new Mental Capacity Act in NI, but asks the DHSSPS to ensure that there is a robust and comprehensive programme of education and training to ensure doctors are aware of the significant changes in the presumption of capacity.

88 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises that there may be difficulty in completing supervised learning events (SLEs). We call upon the BMA to lobby the Medical Schools Council, local trusts and Health Education England to:

i) allocate protected time in the rota/timetable for SLEs;

ii) make supervisors accountable for the completion of SLEs.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting:-

i) is concerned by the reluctance of trusts to implement support for junior doctors with dyslexia following workplace assessment and condemns delays to implementing support which can often lead to support being lost when junior doctors rotate;

ii) calls for the BMA to lobby HEE to look into this issue as a matter of urgency and to ensure that problems are addressed;

iii) demands that HEE implements a system where support follows the trainee rather than being tethered to a particular rotation or placement.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all undergraduate Deans to ensure all medical students are trained in ways to assess pain in patients of all ages, including those with learning or communication difficulties.

Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the distinct difference between the proportion of female medical students and the proportion of women who hold consultant posts in surgery and calls on the BMA to work with appropriate bodies to:-

i) promote women in surgery at medical school;

ii) expose foundation trainees to female role models;

iii) develop a resource to break down barriers for women in surgery;

iv) create a forum for aspiring female surgeons, to empower them through networking and mentoring events.

Motion by JUNIOR MEMBERS FORUM: That this meeting supports better working relationships between clinicians and managers to improve morale, gain better understanding of roles and improve patient care. We ask that the BMA lobby the relevant bodies to incorporate ways of collaborative working between clinicians and managers throughout the postgraduate curriculum, eg joint service improvement projects.

Motion by HOLLAND DIVISION: That this meeting calls on medical schools to promote the value of diversity in training placements and experiences, and to encourage placements in the community and hospitals in both urban and rural settings.

Motion by ISLINGTON DIVISION: That this meeting demands that the structure and politics of the NHS be included in undergraduate and postgraduate education.

SCIENCE, HEALTH AND SOCIETY  Wednesday 10.05 – 11.05

Receive: Report from the BMA board of science chair (Baroness Hollins).

* Motion by NORTH EAST REGIONAL COUNCIL: That this meeting is concerned by the recent surge in availability and use of Novel Psychoactive Substances and the resultant societal harms. Whilst applauding the government’s desire to address this through the Psychoactive Substances Act 2016 the meeting wishes to express concerns that the use of these substances, in particular synthetic cannabinoids, has now become embedded within certain deprived population groups. We therefore call upon the BMA to lobby government to ascertain what provision will be made to provide the needed support and services to these communities in order to address the continuing use of these substances.
96a Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting is concerned by the recent surge in availability and use of Novel Psychoactive Substances and the resultant societal harms. Whilst applauding the UK government’s desire to address this through the Psychoactive Substances Act 2016, this meeting wishes to express concerns that the use of these substances, in particular synthetic cannabinoids, has now become embedded within certain deprived population groups. We therefore call upon the BMA to lobby government to ascertain what provision will be made to provide the needed support and services to these communities in order to address the continuing use of these substances.

97 Motion by SHEFFIELD DIVISION: That this meeting requests the board of science investigates the effect of travel distance and travel costs on the outcome of health care, especially for vulnerable groups of patients.

98 Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting notes that Diacetyl, a chemical which is used as a butter substitute in flavours like cotton candy and cupcake and is used in candy-flavoured e-cigarettes, is linked to the respiratory disease bronchiolitis obliterans and that when inhaled is known to cause irreversible scarring and constriction of the tiny airways in the lungs. This meeting, therefore, calls for:-
   i) a ban on the use of diacetyl in e-cigarettes to protect the population from this serious condition through first hand or second hand inhalation of e-cigarette vapours;
   ii) restriction on places where e-cigarettes can be used in public to protect the population from second hand inhalation of e-cigarette vapours.

* 99 Motion by BIRMINGHAM DIVISION: That this meeting:-
   i) recognises the relationships between poverty, social inequality, poor physical and mental health and reduced life expectancy;
   ii) urges UK governments to prevent poverty in order to reduce social inequality and to protect all members of society, especially children, from the negative effects of poverty and social inequality on their health and quality of life.

99a Motion by BIRMINGHAM DIVISION: That this meeting considers that:-
   i) homeless people have inadequate access to health and other services;
   ii) homeless people are more likely to have multiple health problems and die early;
   iii) the international movement of people away from war, conflict and poverty will worsen the problems of homeless people;
   iv) the BMA should call for the development of a national strategy on homelessness.

99b Motion by LEWISHAM DIVISION: That this meeting deplores the cuts in disability benefits made by the current government, both the cuts in work related activity group Employment and Support Allowance and the raising of the threshold for PIP entitlement, cutting several £billion from the disability budget. We call on BMA to:-
   i) oppose the disability benefit cuts and;
   ii) support efforts by disability charities, campaigners and MPs of all parties to have them reversed;
   iii) research and publicise the health impact of disability benefits cuts.
Motion by TOWER HAMLETS DIVISION: That this meeting:

i) notes with concern that income inequality is growing;
ii) believes that income inequality has a negative impact on healthcare provision and health of the population;
iii) believes that tax havens play a major role in income inequality;
iv) calls on the BMA to lobby the government to adopt legislation aiming at controlling the negative impact of tax heavens and if possible at abolishing them.

Motion by JUNIOR DOCTORS CONFERENCE: That this meeting is concerned with the lack of consistency in the Pre-school Visual Screening (PSVS) services provided by individual health boards/trusts across the United Kingdom, resulting in delayed/inadequate detection of some of the potentially reversible causes of childhood strabismus. This meeting:

i) believes that there should be a more uniform effort across different health boards/trusts in the establishment of a consistent and sustained PSVS programme in the United Kingdom;
ii) believes that streamlining PSVS services with orthoptist and optometrist led clinics is fundamentally crucial to the success of the service;
iii) calls for a devised guideline for the provision of PSVS service across United Kingdom.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting recognises the devastating impact which extreme events have on population health and health services, and the increase in the frequency and severity of such events due to climatic and societal changes, and therefore calls for UK governments to continue work to improve resilience of health care infrastructure in preparation for such events.

COMMUNITY AND MENTAL HEALTH

Wednesday 11.05 – 11.35

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

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that the government drive for earlier diagnosis of dementia without the corresponding support for those receiving such a diagnosis is pointless and only serves to increase distress for patients and families.

Motion by CONFERENCE OF LMCS: That this meeting believes that the drive to diagnose increasing numbers of patients with dementia is harmful and not evidence based.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that assessment for NHS continuing healthcare funding fails to take into account the particular needs of patients with dementia thereby denying funding disproportionately in comparison to patients with other diagnoses.
Motion by JUNIOR DOCTORS CONFERENCE: That this meeting notes the Prime Minister’s commitment to make England the best country in the world for dementia care, support, research and awareness by 2020 and mandates this meeting to:-
   i) call on PHE to work with dementia charities and the Expert Scientific Clinical Advisory Panel to test and evaluate approaches to incorporating dementia awareness and risk reduction messages within NHS Health Checks for people under 65 years as there is poor evidence for case finding;
   ii) call on PHE and Department of Health to provide robust evidence on the provision of a brain age calculation tool to the public;
   iii) call on the government to recognise that if threadbare adult social care services are cut further many essential care and support services for people with dementia will be rationed out of existence.

Motion by NORTH DEVON DIVISION: That this meeting deplores the fact that our most vulnerable young people are being sent to inpatient units far from their local support networks, because of the continuing bed shortage, and demands
   i) that councils and providers work together with a sense of urgency for care closer to home and;
   ii) that funding for this purpose be an immediate priority.

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting deplores the fact that our most vulnerable young people with mental health problems are being sent to inpatient units so far from their local support networks and:
   i) calls on local councils and mental health providers and Commissioners to work together with a sense of urgency to ensure these young people are protected and cared for close to home;
   ii) demands that adequate funding for this purpose be an immediate priority.

Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the need for more carers to provide care in the community and welcomes a commitment to care workers receiving a living wage and supports methods to increase the number of care workers and recommends:
   i) employed care workers receive nationally agreed terms and conditions of service;
   ii) care workers are considered to be key workers and given advantageous deals on housing.

Motion by SALISBURY DIVISION: That this meeting recognises the need for more carers to provide care in the community and:
   i) welcomes a commitment to care workers receiving a living wage and supports measures aimed at increasing the number of paid care workers;
   ii) recommends care workers receive NHS terms and conditions of service;
   iii) calls for care workers to be considered key workers and given advantageous deals on housing.
**FORENSIC MEDICINE**

Wednesday 11.35 – 11.50

106 **Receive:** Report from the BMA forensic medicine committee deputy chair (Kranti Hirematch).

107 **Motion** by FORENSIC MEDICINE COMMITTEE: That this meeting regarding clinical forensic medicine in England and Wales:-
   i) condemns the recent cancellation of the planned April 2016 transfer of commissioning responsibility from the Home Office to the Department of Health in England;
   ii) recalls that patients detained in police custody are entitled to equivalence of care when compared with non-detained patients;
   iii) reaffirms the BMA’s established position that this provision should be commissioned by the National Health Service.

108 **Motion** by FORENSIC MEDICINE COMMITTEE: That this meeting calls for the proposed death certification process in England and Wales to be robust and adequately resourced through public funds, but through neither the imposition of a death tax on the relatives of the bereaved nor any kind of financial raid on the medical profession.

**Contingency time**

Wednesday 11.50

**HEALTH INFORMATION MANAGEMENT AND IT**

Wednesday 11.55 – 12.10

* 109 **Motion** by LOTHIAN DIVISION: That this meeting advocates the mandatory use of a universal unique identifier for each patient for NHS documentation, thus allowing available data, where not statutorily excluded, to be correctly linked and available to those caring for each patient.

109a **Motion** by SCOTTISH COUNCIL: That this meeting advocates the mandatory use of a universal unique identifier for each patient for all NHS documentation, except where excluded by statute, to allow all data to be correctly linked and available to those caring for each patient.

* 110 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that copies of hospital outpatient letters should be sent to both GP and adult patients and this should be the default position not an opt in system to receive copies:-
   i) unless the patient wishes to opt out of receiving a copy letter;
   ii) unless it would harm the patient or another individual if a letter were sent;
   and calls on council to petition all relevant authorities to effect this move in the interest of transparency and good communication.

110a **Motion** by CONFERENCE OF LMCS: That this meeting insists that communication from secondary care should be directed to the patient and copied to the GP and not the other way round.
BMA TREASURER’S QUESTION AND ANSWER SESSION  Wednesday 12.10 – 12.25
Opportunity for representatives to ask questions of the BMA treasurer.

CHARITIES  Wednesday 12.25 – 12.30

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

Session closes  Wednesday 12.30
ELCPAD special session

SPECIAL SESSION ON THE BMA’S END OF LIFE CARE AND PHYSICIAN ASSISTED DYING PROJECT

A special session with a facilitated discussion on the findings from the end of life care and physician assisted dying project and some key considerations the profession might face had there been a change in existing laws on physician assisted dying. See flyers.

Representatives are asked to familiarise themselves with the reports and additional materials available in the exhibition.

Session opens

END OF LIFE CARE

Wednesday 14.00 – 15.20

Wednesday 15.20 – 15.30

* 112 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SALISBURY DIVISION): That this meeting, in response to the BMA End of Life Care and Physician Assisted Dying (ELCPAD) project:
   i) welcomes the project as a significant contribution to the ongoing debate around end-of-life care;
   ii) calls for governments to prioritise end of life care and to address the variability in quality of service identified;
   iii) encourages support for the Access to Palliative Care Bill;
   iv) calls for the provision of appropriate training for clinicians in the skills necessary to improve the quality of end of life care;
   v) calls for employers to recognise the additional time required by clinicians involved in the care of patients at the end of life;
   vi) calls on governments to provide tools to improve awareness and discussion of end-of-life issues;
   vii) calls upon the BMA to research child bereavement including the support for relatives of children who are dying or have died, and issues around the support of the care of the dying child.

112a Motion by SALISBURY DIVISION: That this meeting congratulates the BMA on its publication of the reports on End of Life and physician-assisted dying and:
   i) instructs the BMA to research child bereavement both the support of relatives of children who are and have died and issues around the support of the care of the dying child;
   ii) requests the board of science produce guidance on the care of the patients and family of patients with dementia at their end of life.
112b **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting welcomes the BMA project on End-of-Life Care and Physician-Assisted Dying, congratulates its authors and architects, noting the reluctance highlighted in the report of the public to discuss end-of-life care, and calls for:
   i) the UK governments to prioritise end-of-life care and to address the variability in quality of service identified in the project report;
   ii) the provision of appropriate training for clinicians in skills necessary to improve the quality of all aspects of end-of-life care;
   iii) governments and employers to recognise the additional time required by those clinicians who are likely to be involved in care of patients at end of life;
   iv) governments to provide tools and campaigns to encourage wider awareness and discussion of end-of-life care, and advance care planning.

112c **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting:
   i) congratulates the BMA for investing significant time and effort in the End-of-Life Care and Physician-Assisted Dying (ELCPAD) project;
   ii) welcomes the ELCPAD project as a significant contribution to the ongoing debate around end-of-life care;
   iii) laments the patchy provision of high quality integrated palliative care across the country;
   iv) asks the BMA to encourage MPs to support the Access to Palliative Care Bill;
   v) asks the BMA to encourage the implementation of the Access to Palliative Care Bill should it be passed into law.

112d **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting welcomes and endorses the UK’s ranking of first place in The Economist Intelligence Unit’s Quality of Death index: views with concern the Parliamentary and Health Ombudsman’s report that such high-quality care is sometimes failing to reach those who need it; supports the proposals made in the last session of Parliament in the Access to Palliative Care Bill to remedy these deficiencies; regrets the government’s decision not to support the bill; and calls on the government, as a matter of urgency, to ensure that dying patients and others with incurable illnesses are able to receive good-quality palliative whenever and wherever it is needed.

112e **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting congratulates the BMA on its publication of the reports on End of Life and physician-assisted dying and requests the BMA to research issues of bereavement for children.

112f **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting congratulates the BMA on its publication of the reports on End of Life and physician-assisted dying and:-
   i) instructs the BMA to research both the support of relatives of children who are dying and those who have died and associated issues around the support of the care of the dying child;
   ii) requests the BMA to produce guidance on the care of the patients and family of patients with dementia at their end of life.

112g **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all Emergency Departments to be equipped to deal with a child’s death, including appropriate memory boxes and information leaflets, and provide support for all members of the family.
112h **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting applauds the work of the BMA in producing a report on end-of-life care and physician-assisted dying but believes there is still a want of education on end of life care within medical schools. It calls upon the BMA to lobby to:—

i) increase the teaching and training of medical students about end of life care and the NICE guidance on it, including practice with simulated patients;

ii) put more emphasis on end of life care during placements.

112i **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all educational providers to ensure that the importance of pain control and palliative care is appropriately included in training for all individuals who are working or are anticipated to work providing health or social care, and must ensure that all such persons have the necessary knowledge, skills, attitudes and behaviours needed to care for people with palliative care needs.

112j **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all undergraduate and postgraduate Deans to ensure that doctors at every stage of training understand ways to support families and carers (including children and vulnerable adults) of people with palliative care needs.

112k **Motion** by CONFERENCE OF LMCS: That this meeting believes that deferring death is not an end in itself and calls upon GPC to initiate a debate on medical care as life nears its end.

112l **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting recognises the value of the BMA End-of-Life Care Physician-Assisted Dying Report in all three volumes, and

i) welcomes the methodology used in the project to enable wide participation by BMA members and the public;

ii) welcomes the recommendations in volume three of the ELCPAD report.

112m **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting believes that a crucial part of good end-of-life care should be to ensure that terminally-ill patients and those who care for them receive clear, sympathetic and intelligible guidance on what to expect when someone is dying and have a designated health care professional to turn to if they have concerns.

113 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that, with large numbers of deaths now taking place in hospitals, familiarity with what dying is like is less widespread than was once the case; notes that the media focus on instances of poor health care or 'bad deaths' has the potential to generate irrational public fears of death and dying; and believes that a crucial part of good end-of-life care should be to ensure that terminally-ill patients and those who care for them receive clear, sympathetic and intelligible guidance on what to expect when someone is dying and have a designated health care professional to turn to about their concerns.

114 **Motion** by HOLLAND DIVISION: That this meeting calls for government to provide sufficient additional new resources to enable the delivery of quality end-of-life care.
A 115 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting welcomes the BMAs recent report ‘End of Life Care and Physician Assisted Dying’ and is concerned by the shortcomings in current care that have been identified and calls for the BMA to work to ensure:-

i) that those cared for in the home have access to needed pain relief at any time of the day or night;

ii) that the end of life care available to those with non-cancer illnesses does not fall short of that provided for palliative cancer patients;

iii) that medical staff are trained and confident to handle ‘difficult conversations’ with dying patient and their relatives.

A 116 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting welcomes the BMAs recent report ‘End of Life Care and Physician Assisted Dying’ and is concerned by the shortcomings in current care that have been identified. We therefore call for this work to serve as a starting point in working to optimise end of life care for the dying by ensuring:-

i) that those cared for in the home have access to needed pain relief at any time of the day or night;

ii) that the end of life care available to those with non-cancer illnesses does not fall short of that provided for palliative cancer patients;

iii) that medical staff are trained and confident to handle ‘difficult conversations’ with dying patient and their relatives.

**GENERAL PRACTICE**

Wednesday 15.30 -16.05

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

* 118 **Motion** by CONFERENCE OF LMCS: That this meeting believes that if general practice fails the NHS will fail.

118a **Motion** by CONFERENCE OF LMCS: That this meeting believes that general practice is at risk of collapse due to the combined effects of excess workload, workforce pressures and under-resourcing.

* 119 **Motion** by EDGWARE & HENDON DIVISION: That this meeting believes in order to preserve patient safety, the BMA should undertake an immediate and necessary workload analysis that can define safe limits of working in General Practice.

119a **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes the lack of data accurately quantifying the rising workload burden in general practice and asks the BMA to commission a robust general practice workload survey that produces data that can be compared with the last survey done in 2006/7.

119b **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is asked to support general practice in determining what is a safe and sustainable workload.

119c **Motion** by CONFERENCE OF LMCS: That this meeting believes that the BMA should demand a review of GP working hours and expectations. There should be a cap on the addition of unpaid work such as safeguarding, ESA reports, shared care work for specialist services etc.
* 120 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CARDIFF AND VALE OF GLAMORGAN DIVISION): That this meeting demands that certification of fitness to work (‘fit notes’) need not be done by a medical professional and that:
  i) there should be an extension of self-certification for illness from 7 to 14 days;
  ii) a change in legislation is required to allow other health care professional such as midwives, allied health professionals and nurse practitioners to complete ‘fit notes’ for patients; and
  iii) the Department of Work and Pensions should establish their own means of determining benefits.

120a Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting demands that certification of fitness to work is removed from GPs and that the Department of Work and Pensions should establish their own means of determining benefits.

120b Motion by CONFERENCE OF LMCS: That this meeting calls for:
  i) an extension of self-certification for illness from 7 to 14 days;
  ii) a change in legislation to allow other health care professional such as midwives, allied health professionals and nurse practitioners to complete ‘fit notes’ for patients.

* 121 Motion by SOLIHULL DIVISION: That this meeting believes that modern day consultations are more complex with multiple comorbidities, reflecting an ageing population. We call on the government to ensure adequate core funding for consultations to meet the needs of this population.

121a Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that in order for practices to remain sustainable and patients to continue to receive an acceptable general practice service a core GMS contract with ring-fenced funding must be provided to practices when working with a Multispecialty Community Provider.

121b Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that the underfunding of general practice is a fundamental cause of the current workload and workforce crisis which is undermining safety and sustainably of practices and impacting on the quality of care provided to patients and demands that:
  i) government set a target for commissioners that 11% or more of the NHS budget should be invested in general practice;
  ii) NHS England and CCGs should ensure 11% or more of the £3.8bn provided to the NHS in the Spending Review should be invested in general practice in 2016/17;
  iii) NHS England and CCGs should make clear commitments to make above inflation annual real terms increases in investment for general practice and be held to account to deliver this.

121c Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting requires the BMA to negotiate with the Secretary of State for Health to ensure a funding policy for general practice which will be sufficient to prevent the collapse of general practice and other primary care services.

121d Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes the English government have brought about the collapse of general practice and nothing short of a doubling of funding to general practice will save it.
Sessional and salaried GPs  Wednesday 16.05 – 16.20

122 Motion by CONFERENCE OF LMCS: That this meeting acknowledges that the BMA salaried model contract has protected GPs against unfair terms and conditions since its inception and urges the BMA to negotiate with UK government health departments:-
   i)  a contract and associated terms and conditions of service suitable for all GPs in salaried roles regardless of employer;
   ii) a requirement to make the offer of this contract, or more favourable, a requirement on anyone wishing to employ a GP in a salaried post;
   iii) a formal pay scale that that both incentivises recruitment but also rewards retention of these doctors within the NHS.

123 Motion by CONFERENCE OF LMCS: That this meeting recognises and asserts that for the future development of general practice in the new and evolving NHS structures, sessional GPs have a vital role to play and are to be actively encouraged, provided with equity of access to and support for the development of special interests including roles in leadership.

DOCTORS’ PAY AND CONTRACTS  Wednesday 16.20 – 16.50

* 124 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CONSULTANTS CONFERENCE): That this meeting believes that contracts for doctors should reflect the following principles:-
   i) contracts should ensure a satisfactory work-life balance, safety for patients and be sufficiently attractive to aid medical recruitment and retention;
   ii) on-call requirements should take account of the risks of sleep deprivation and the need for safe practice;
   iii) contractual clauses limiting the freedom of speech of individual doctors are unacceptable;
   iv) all training is work and should be included in the work schedule;
   v) childcare provision should be available to match the work requirements of doctors;
   vi) doctors should have autonomy over the use of personal study leave allocations.

124a Motion by CONSULTANTS CONFERENCE: That this meeting:-
   i) rebuts the suggestion that the feminisation of the medical work force is the cause of medical staffing shortages and pressure on emergency departments;
   ii) calls on the Department of Health to ensure a satisfactory work-life balance for all doctors, which will mean attractive terms and conditions of service to aid recruitment and retention.

124b Motion by BUCKINGHAMSHIRE DIVISION: That this meeting recognises that interrupted sleep reduces cognitive performance which risks patient safety and the wellbeing of doctors working higher frequency ‘on call’ rotas and demands:-
   i) that any agreed contract with employers recognises a specific frequency of interruptions to sleep equivalent to no sleep at all and includes this as a contractual protection for ‘on call’ working;
   ii) that council urgently convene a panel of experts to produce a report on the appropriate safeguards and safe scheduling of work for doctors to protect the health of both doctors and patients.
124c **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting rejects the concept that normal working hours extend into the late evening six days per week.

124d **Motion** by CITY & HACKNEY DIVISION: That this meeting notes with concern the introduction of generic corporate-style contracts for medical practitioners in a number of NHS specialties. This marks a profound change in terms and conditions of service. In particular, this meeting regrets the use of restrictive, potentially gagging clauses which prevent a practitioner speaking out except with the permission of the employer. This meeting asks for the BMA to campaign against such contracts and negotiate a more appropriate model contract.

124e **Motion** by JUNIOR MEMBERS FORUM: That this meeting believes that all training is work. The new contract should reflect that:-
   i) all training should be incorporated and protected in the work schedule;
   ii) E-portfolio, audit and service improvement are training and should be allocated dedicated time in the work schedule;
   iii) training that falls outside of the work schedule should be exception reported as breaches of the work schedule would be.

124f **Motion** by SALISBURY DIVISION: That this meeting calls for childcare to be available to be made to match contractual requirements.

124g **Motion** by JUNIOR MEMBERS FORUM: That this meeting believes that doctors should have more autonomy with regard to the use of personal study budgets and time, specifically:-
   i) use of the budget should be negotiated with the doctor;
   ii) this should not be used for mandatory training courses, which should be funded at local level.

125 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises that the current contract negotiations are at risk of being politicised resulting in the alienation of segments of the population and reducing public support. This meeting calls upon the BMA to:-
   i) discourage personal attacks on political figures or stakeholders;
   ii) to pursue and continue the BMA’s apolitical stance and avoid aligning with political parties in the negotiations;
   iii) to ensure political figureheads do not appear to front or represent our fight.

* 126 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE WELSH COUNCIL): That this meeting, in respect of the DDRB:-
   i) believes it is no longer fit for purpose;
   ii) calls for a just and equitable medical pay mechanism that has the confidence of all parties;
   iii) believes that a period of enhanced pay growth is required to restore NHS pay levels constrained since 2008, using a benchmark of 2% growth above inflation.

126a **Motion** by WELSH COUNCIL: That this meeting believes that the DDRB is no longer fit for purpose in providing a fair review for:-
   i) GPs;
   ii) hospital doctors.
126b Motion by CONFERENCE OF LMCS: That this meeting, noting the nature of the practice of medicine in the United Kingdom, where the government controls medical school output, controls post graduate education, controls commissioning of care and where de facto the NHS is ultimately the monopoly employer; demands there must be a just and equitable doctors’ pay review mechanism the output of which is beyond criticism by either the profession or the government on behalf of the taxpayer.

126c Motion by CONSULTANTS CONFERENCE: That this meeting:- i) recognises the personal price that NHS staff have paid as part of the government’s austerity package since the global financial crisis in 2008; ii) supports the principle that there will need to be a period of "catch-up" pay growth following the end of the current period of pay restraint, to reward staff to their true value; iii) is committed to ensuring that this "catch up" growth restores NHS staff pay to the historical long term average growth trend of 2% above inflation.

* 127 Motion by SOUTH DEVON DIVISION: That this meeting fully supports all the attempts by the BMA to secure acceptable terms and conditions of service for all doctors.

127a Motion by BRISTOL DIVISION: That this meeting condemns the imposition of a new contract on any group of doctors.

127b Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls upon the BMA to oppose contract impositions for consultants, GPs and junior doctors, and to consider undated resignations from all parts of the profession.

A 128 Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that the plight of locum doctors not being protected by the pension scheme death in service benefits unless occurring within the individual’s working hours is an absolute disgrace and should immediately be remedied.

PROFESSIONAL FEES Wednesday 16.50 – 17.05

* 129 Motion by CONFERENCE OF LMCS: That this meeting believes that the recent revisions to the firearms licensing arrangements:- i) places an undue burden on practices, without any resource commitment, to report on every application for a gun license; ii) leaves the element of discretion too broad in reporting 'depression'; iii) places the GP in a vulnerable position in having to decide when to report any deterioration in the health of a patient flagged on their notes as a firearms holder; iv) should have a clear reference to a reporting fee for any such enquiries.

129a Motion by LOTHIAN DIVISION: That this meeting, with the respect to the granting of shotgun/firearm certificates:- i) believes it is unreasonable to expect GPs to do record checks and complete an initial report with no expectation of a fee; ii) demands that the BMA urgently negotiate a revision to ensure that an appropriate fee may be charged.
Motion by FORENSIC MEDICINE COMMITTEE: That this meeting, regarding the Coroner’s Autopsy Services in England and Wales:-
  i) deplores the continued decline of these services, the general lack of funding and the failure to uplift fees payable to pathologists since 2007;
  ii) insists that fees for this work should be subject to an annual review and uplift negotiated between the BMA and the government.

Contingency time                                                                             Wednesday 17.05

PUBLIC HEALTH MEDICINE                                                                             Wednesday 17.10 – 17.30

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

* 132 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CAMBRIDGE, HUNTINGDON & ELY DIVISION): That this meeting:-
  i) condemns the public health budget cuts enacted by the government;
  ii) believes that public health cuts will have a devastating effect, both on the health of the public and on primary care workload and sustainability;
  iii) demands that Public Health funding must be protected.

132a Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting deprecates the cuts to local authority public health spending and its impact on statutory public health services eg sexual health, smoking cessation, childhood obesity and:-
  i) notes that this will particularly impact on the NHS plan’s emphasis on the prevention and treatment of childhood obesity and;
  ii) requests the BMA to step up publicity aimed at the general public on the effect of these cuts so that pressure can be put on the government to provide increased funding to the local authorities for this purpose.

132b Motion by CONFERENCE OF LMCS: That this meeting believes that the government’s failure to maintain adequate funding levels in public health following the transfer of public health to local authorities is eroding the ability of local authorities to maintain health promotion and preventative services, and will ultimately have the greatest impact on vulnerable members of the population, leading to deterioration in measurable social and clinical outcomes, betraying the ethos of the NHS and general practice.

132c Motion by CONFERENCE OF LMCS: That this meeting believes that many crucial services now commissioned by public health are at risk from cuts to the budget. The meeting demands that:-
  i) there is recognition of the severe consequence that would result from cuts to services such as health visiting, family planning and sexual health;
  ii) from 2020 when it is proposed that the public health grant will be funded from business rates, there is protection for areas that have low income from this source.

132d Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting condemns the public health budget cuts enacted by the government, and declares that this is short sighted saving that will lead to long term costs and consequences for the English population, with particular reference to more vulnerable and deprived groups.
132e **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is concerned that the savage cutbacks in financial budgets at Local Authorities has seriously affected public health services and social care funding causing a crisis in an already stretched NHS. The BMA must raise public awareness through all its channels on how this is causing hardship in the community, leaving professionals vulnerable from claims of neglect and poor care.

132f **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that Public Health funding must be protected.

132g **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting is horrified by the reduction in budget at Public Health England and mandates the BMA to mount a public campaign against these cuts to protect public health in England.

132h **Motion** by CONFERENCE OF LMCS: That this meeting deplores the reduction in funding for public health services and calls upon the BMA to make it clear to government that the adverse consequences for the health and wellbeing of local communities will require increased spending on primary care.

132i **Motion** by CONFERENCE OF LMCS: That this meeting calls on the government to revert the recent 25% draconian funding cuts being imposed on Public Health England and local authorities, which will have a devastating effect, both on the health of the public and on primary care workload and sustainability.

133 **Motion** by CITY & HACKNEY DIVISION: That this meeting instructs the BMA to lobby the government and Parliamentarians to re-establish Public Health England, currently an "executive agency of the Department of Health" as an independent NHS body. This is to ensure that England's highly experienced and knowledgeable public health workforce can perform their professional duties unencumbered by the political constraints of being civil servants.

Session closes Wednesday 17.30
134  **Receive:** Report from the BMA Welsh council chair (Philip Banfield).

135  **Motion by WELSH COUNCIL:** That this meeting:-
   i) deplores petty politics played by Assembly Members which resulted in the Public Health (Wales) Bill failing at stage 4 of the legislation process;
   ii) expresses huge disappointment for not passing the Public Health (Wales) Bill and therefore losing the opportunity to implement established ARM policies which could have made a very real difference to the lives of the people of Wales, including placing Health Impact Assessments (HIAs) on a statutory footing and banning the use of e-cigarettes in certain public places;
   iii) calls on the Welsh government to pass the Public Health (Wales) Bill within the first year of the new Welsh Assembly term.

* 136  **Motion by NORTH EAST WALES DIVISION:** That this meeting is concerned about the unfilled consultant and GP posts and gaps in junior doctor rotas particularly in North Wales due to the recruitment crisis in NHS WALES and calls upon BMA CYMRU WALES to urge the Welsh government and the Wales Deanery to take active steps to rectify the situation.

136a  **Motion by NORTH EAST WALES DIVISION:** That this meeting is concerned about the unfilled consultant and GP posts and gaps in junior doctor rotas particularly in North Wales due to the recruitment crisis in NHS WALES and calls upon BMA CYMRU WALES to urge the Welsh government and the Wales Deanery to take active steps to rectify the situation.

136b  **Motion by NORTH WEST WALES DIVISION:** That this meeting believes that in view of the shortage of Welsh medical graduates seeking posts in Wales believes that medical training in Wales should be organised on the basis of local health economies allowing for greater cross border co-operation in training.

136c  **Motion by WELSH COUNCIL:** That this meeting calls on the Welsh government to adopt all necessary measures to deliver effective workforce planning within the NHS in Wales, including routinely publishing data on vacancies which is meaningful, properly representative and robust.

137  **Motion by GWENT AND SOUTH POWYS DIVISION:** That this meeting:-
   i) recognises the lack of fairness in the prescribing of drugs for the treatment of erectile dysfunction in Wales;
   ii) regrets that sufferers of this condition in Wales do not receive NHS drug therapy unless they have specific diagnostic conditions;
   iii) deplores the situation where sufferers of the condition receive treatment based on the cause and not the condition itself;
   iv) calls for the Welsh government to enable NHS prescriptions of these drugs to be available to all sufferers of the condition regardless of cause.
MEDICO-LEGAL AFFAIRS

Thursday 9.25 – 9.45

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

* 139 Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that the current situation with respect to rapidly rising indemnity costs for GPs in England is unsustainable and calls on the Department of Health in England to put in place a fully reimbursed system for all GPs on the national performers list, with equivalent arrangements for GPs elsewhere in the UK.

139a Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that the inexorable rise in medical indemnity costs for General Practitioners is unsustainable and is adversely affecting recruitment and retention of the general practitioner workforce. It therefore calls on the BMA to lobby NHS England to provide full reimbursement of medical indemnity costs for General Practitioners.

139b Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting is concerned with the rising indemnity costs which have a serious impact on providing care, both in and out of hours, and urges the government to negotiate Crown Indemnity for all GP work.

139c Motion by BIRMINGHAM DIVISION: That this meeting believes that medical indemnity costs:-
   i)    are particularly onerous for sessional and locum GPs;
   ii)   are now excessive for individual doctors to bear;
   iii)  reduce the resources available for patient care;
   iv)  will limit the provision of extended access to general practice;
   v)  should be wholly or partly reimbursed from government funding;
   vi) require government action to limit the impact of medico-legal costs from enquiries, investigations and compensation claims.

* 140 Motion by NORTH WEST REGIONAL COUNCIL: That this meeting:-
   i) reiterates the BMA policy, adopted at the time of the cot death miscarriages of justice, that there should be a public inquiry, conducted by distinguished scientists and doctors, to investigate the failure of the criminal justice system to cope adequately and sensibly with situations of scientific uncertainty;
   ii) reiterates the BMA policy that the rules governing expert witnesses should not operate in a way which prevents courts being presented with evidence of scientific dissent.

140a Motion by NORTH WEST REGIONAL COUNCIL: That in the light of the conviction of Waney Squiers by a GMC disciplinary panel for challenging the scientific consensus on shaken baby syndrome, this meeting:-
   i) reiterates the BMA policy, adopted at the time of the cot death miscarriages of justice, that there should be a public inquiry, conducted by distinguished scientists and doctors, to investigate the failure of the criminal justice system to cope adequately and sensibly with situations of scientific uncertainty;
   ii) reiterates the BMA policy that the rules governing expert witnesses should not operate in a way which prevents courts being presented with evidence of scientific dissent;
iii) urges that the GMC review its approach to this issue in the light of the Waney Squiers issues;
iv) believes that the scientific dissent on the issue of shaken babies deserves to be properly heard.

**MEDICAL STUDENTS**  
Thursday 9.45 – 10.20

141 **Receive:** Report from the BMA medical students committee co-chairs (Charlie Bell and Harrison Carter).

* 142 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EAST MIDLANDS REGIONAL COUNCIL): That this meeting, with regard to the subject of student financing:-
i) is appalled at the abuse of parliamentary processes by UK government to avoid debate on the removal of maintenance grants for students, including medical students from disadvantaged backgrounds;
ii) calls for the retention of the NHS Bursary for medical students in its current form;
iii) calls on council to investigate ways of increasing financial support to students from poorer backgrounds, to widen participation in medicine.

142a **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting, with regard to the subject of student financing:-
i) is appalled at the abuse of parliamentary processes by UK government to avoid debate on the removal of maintenance grants for students, including medical students from disadvantaged backgrounds;
ii) condemns the government’s intention to remove the NHS Bursary for medical students in their fifth year of training;
iii) calls on council to investigate ways of increasing financial support to students from poorer backgrounds, to widen participation in medicine.

143 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on medical schools to support students who have a child whilst at university and to make reasonable adjustments about clinical placements to meet their family’s needs.

144 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all medical schools to protect students who whistle-blow about poor clinical practice they witness.

145 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting notes the increasing political pressure for a shift in the point of registration to the end of medical school and the higher responsibility that could subsequently be placed upon newly qualified doctors. We therefore call for the BMA to lobby the Medical Schools Council and GMC to propagate the widespread relocation of final written examinations to the end of the penultimate year of medical school thus enabling the evolution of the final year into an apprenticeship year, based solely on developing the competencies required to work as a foundation doctor.

A 146 **Motion** by SCOTTISH COUNCIL: That this meeting calls upon the BMA to lobby for sufficient and equitable travel expenses to be provided for medical students on placements across the UK.
Motion by MEDICAL STUDENTS CONFERENCE: That this meeting is encouraged by the wide variety of Widening Participation to Medicine initiatives in the UK but would like to see the following advancements:

i) each medical school has a dedicated WP team and lead;
ii) each medical school have programmes that help pupils with the application;
iii) each medical school helps to organise work experience.

WORKFORCE

* 148 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE TOWER HAMLETS DIVISION): That this meeting notes that the UK has fewer doctors per head of population than nearly all other European nations and believes that there must be a concerted effort, and appropriate incentives, to encourage medical recruitment and retention with the aim of increasing the number of doctors to at least the European average.

148a Motion by TOWER HAMLETS DIVISION: That this meeting deplores that the UK is near the bottom of the European league with respect to the number of doctors per head of population. This meeting demands that the BMA:-

i) lobby government to bring the number of doctors per head of population at least up to European average;
ii) tell government that in order to attract more doctors to redress this situation that they must improve, not continuously undermine, doctors terms and conditions of work.

148b Motion by ISLINGTON DIVISION: That this meeting notes that the UK ranks 24 out of 27 in terms of doctors per capita in Europe and calls on the BMA to lobby the government to increase the number of doctors trained and employed in the NHS.

148c Motion by MEDICAL STUDENTS CONFERENCE: That this meeting notes with concern the negative impact of new doctors contracts causing a fall in students interest in medicine and calls on the Medical Schools Council to increase promotion of medicine as a career. Figures indicate that there has been a 13.5% decline in students applying to study Medicine compared to two years ago. This conference believes that more emphasis from medical schools should be placed on invoking the interests of potential medical school applicants at schools and colleges in all areas of the country.

148d Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes strongly that there has to be a concerted effort and appropriate incentives to encourage medical recruitment at all stages coupled with an effort on retention otherwise the NHS will collapse. We would urge the BMA to work with the Academy of Medical Royal Colleges to have an agreed policy on this matter.

148e Motion by LEWISHAM DIVISION: That this meeting deplores the loss of experienced older doctors by early retirement, which reflects the particular burden of deteriorating working conditions for this age group. We call on the BMA to:-

i) prioritise flexible working options for those over 55 years of age in consultant contract negotiations;
ii) ask the retired members representatives exploring the reasons behind early retirement of doctors;
iii) use these reasons as a basis for improving retention of doctors up until retirement age.
**Motion by SOUTH EAST COAST REGIONAL COUNCIL:** That this meeting notes that as some health professionals get older the rigors of working out of hours can lead to high levels of stress and early retirement.

**Motion by LINCOLN DIVISION:** That this meeting re workforce believes that the main priority for the NHS will become the safe retention of its workforce. We call on the Departments of Health to fund additional programmes to:-
1. encourage retention and return of doctors to the workforce;
2. enable doctors from overseas to work in the UK;
3. enable doctors who have moved overseas to return to work in the UK.

**Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST REGIONAL COUNCIL):** That this meeting exhorts the BMA to promote a zero tolerance to bullying and harassment and:-
1. is appalled that an unacceptable number of members have experienced bullying and harassment;
2. urges the BMA to promote development of support mechanisms such as resilience training and counselling for those members who are subjected to bullying and harassment;
3. insists that those who bully or harass others are held accountable and dealt with appropriately.

**Motion by NORTH WEST REGIONAL COUNCIL:** That this meeting exhorts the BMA to promote a zero tolerance to bullying and harassment, create an awareness of this endemic problem faced by some group of doctors, educate all colleagues in the workplace about this malady, supports all victims, bring the perpetrators to justice and provide counselling and confidence building for all affected groups.

**Motion by SOUTH WEST LONDON DIVISION:** That this meeting is very concerned that doctors can be bullied by members of hospital management and have no effective redress or means to prevent it, and:-
1. believes there should also be mechanisms whereby the managers themselves should be held responsible for their actions and;
2. calls upon the BMA to pursue this as a top priority.

**Motion by SAS CONFERENCE:** That this meeting commends SASC UK and Welsh SASC for conducting a doctors survey and:-
1. is appalled that a worryingly high percentage of respondents have experienced bullying and harassment;
2. urges the BMA to work with Royal Colleges, NHS employers and professional bodies to highlight this and to insist on a zero tolerance environment with respect to bullying and harassment;
3. urges the BMA to promote development of support mechanisms such as resilience training and counselling for staff who are subjected to bullying and harassment;
4. insists that those that bully and/or harass others are dealt with appropriately.
149d **Motion** by LOTHIAN DIVISION: That this meeting is concerned to learn the results of a recent survey of SAS doctors show that over 25% have been victims of workplace bullying, harassment or victimisation and calls upon the BMA to:-
  i) investigate this issue;
  ii) seek to raise the issue with the Royal Colleges;
  iii) continue to raise awareness of this throughout the profession.

149e **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is very concerned that doctors can be bullied by members of hospital management, and have no effective redress or means to prevent it and believes there should also be mechanisms whereby the managers themselves should be held responsible for their actions and call upon the BMA to pursue this as a top priority.

* 150 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE JUNIOR DOCTORS CONFERENCE): That this meeting deplores the negative effect of the recent cap on hospital doctors’ locum rates and calls for its abolition.

150a **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting accepts that substantive employment should be more attractive than locum, however:-
  i) believes that the recent locum rate cap has further exacerbated the staffing crisis and created more rota gaps;
  ii) calls on employers subject to Monitor’s locum rate caps to increase local bank rates above the caps for existing staff;
  iii) calls on the BMA to lobby for the abolition of the locum rate cap.

150b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting firmly rejects the capping of locum fees and calls on the BMA to launch a united campaign against this, exploring options including, but not limited to, the use of locum boycotts against trusts offering only the capped fees.

* 151 **Motion** by BRISTOL DIVISION: That this meeting notes the challenges associated with returning to clinical practice after periods of time out, either as a result of opportunities such as research periods or longer career breaks as a result of wider life experiences. We are aware of examples of excellent practice in supporting doctors in return to work, although individual experiences can be very variable. Given this, we believe:-
  i) that "return to work" programmes should be available to all doctors after a period out of clinical practise, be formalised, appropriately accredited and tailored to the individual doctor’s requirements;
  ii) the BMA should consult with relevant stakeholders on how return to work can be facilitated by the GMC, HEE and employers as appropriate, both for doctors who have had shorter and extended breaks from clinical work;
  iii) that the BMA should take forwards this work by establishing guidance for doctors on return to work.
Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting notes the challenges associated with returning to clinical practice after periods of time out. We are aware of examples of excellent practice in supporting doctors in return to work but that individual experiences can be variable. Given this, meeting believes that:

i) return to work programmes should be available to all doctors after a period out of clinical practice, be formalised, appropriately accredited and tailored to the individual doctor’s requirements;
ii) the BMA should consult with relevant stakeholders on how return to work can be facilitated by HEE and employers, both for doctors who have had shorter and extended breaks from clinical work;
iii) the BMA should take forwards this work by establishing guidance for doctors on return to work.

* Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SALISBURY DIVISION): That this meeting, with regard to the training of physician associates, calls for:

i) an impact analysis on the training of doctors and medical students;
ii) the BMA to negotiate agreement on their scope of practice;
iii) the introduction of their professional regulation.

Motion by SALISBURY DIVISION: That this meeting with regards to the training of physicians associates:

i) calls for an impact analysis on the training of doctors;
ii) calls for the BMA to negotiate a formalisation of the division of work between junior doctors and physicians associates;
iii) calls for physicians associates to be professionally regulated.

Motion by WALTHAM FOREST DIVISION: That this meeting notes the increase in the number of physicians assistants in the NHS, and the resulting controversy over efficiency, and therefore demands that the government address the central issue of workforce planning for fully trained doctors amongst other health professionals in the care of patients.

Motion by MEDICAL STUDENTS CONFERENCE: That this meeting calls upon MSC to:

i) recognise the potential conflict Physician Associate training may cause in the clinical experience of medical students;
ii) urge universities offering both Medical and Physician Associate degrees to ensure that the clinical exposure of medical students is not affected by the training needs of Physician Associate students;
iii) put a system in place to report any detriment to clinical exposure experienced by medical students in preference of Physician Associate teaching.
Motion by NORTH EAST REGIONAL COUNCIL: That this meeting recognises that within a defined role Physicians Associates can play a valuable part in supporting delivery of high quality care, but that there are concerns about their current use as regards a number of issues, we therefore call:-
  i) for their practice to be professionally regulated;
  ii) for their training to be standardised;
  iii) for their practice to be limited to a level that is equivalent to ST3 or below, and does not exceed the level at which college membership would be required;
  iv) that their presence and training should not take place at detriment to the training and experience of the junior doctor workforce.

Motion by JUNIOR DOCTORS CONFERENCE: That this meeting:-
  i) recognises the increasing number of extended role practitioners working in the NHS including physicians associates and advanced clinical practitioners;
  ii) reaffirms its belief that extended role practitioners should complement rather than replace the medical workforce;
  iii) reaffirms its belief that all extended role practitioners should be appropriately regulated and validated;
  iv) believes that junior doctors training should always take precedence over non-medical practitioners who work predominantly in service provision;
  v) believes that no physicians assistant should have a starting salary above the basic level of an FY1 demands that tuition should be free for medical undergraduates as long as it is provided for extended role practitioners.

Motion by CONSULTANTS CONFERENCE: That this meeting acknowledges that whilst physician associates can perform a valuable role as part of a wider health care team, they are not a substitute for doctors who undertake years of medical training that enables them to provide complex, highly skilled care to their patients.

Motion by HOLLAND DIVISION: That this meeting believes that government do not recognise the special difficulties of medical recruitment in rural areas and must create incentives to improve recruitment and retention in these areas.

Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting believes that the BMA should regularly survey medical students and junior doctors to ascertain the proportion intending to continue with or leave a career in medicine in this country.

JUNIOR DOCTORS

Thursday 11.05 – 11.40

Receive: Report from the BMA junior doctors committee chair (Johann Malawana).

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE JUNIOR DOCTORS CONFERENCE): That this meeting supports the junior doctors in the dispute about a proposed new junior doctor contract in England and:-
  i) condemns any imposition of a contract on junior doctors;
  ii) commends the Scottish and Welsh governments and the Northern Irish Assembly for not seeking to impose a new contract, and for maintaining good working relationships with junior doctors;
  iii) believes that the Secretary of State for Health, Jeremy Hunt, has destroyed morale amongst doctors and in the NHS.
156a Motion by JUNIOR DOCTORS CONFERENCE: That this meeting:
   i) condemns the imposition of a contract on junior doctors;
   ii) commends the Scottish and Welsh governments and the Northern Irish Assembly for not seeking to impose a new contract, and for maintaining good working relationships with junior doctors;
   iii) believes that the Secretary of State for Health, Jeremy Hunt, has destroyed morale amongst doctors and in the NHS, and reaffirms the BMA’s vote of no confidence.

156b Motion by SALISBURY DIVISION: That this meeting:
   i) deprecates the poor management of the junior doctor contract by the Secretary of State (SoS);
   ii) acknowledges the loss of confidence in the Secretary of State by Junior Doctors;
   iii) commends the JD committee on their management of the crisis in contract talks with NHS employers and the government;
   iv) supports a vote of no confidence in the Secretary of State, Jeremy Hunt.

156c Motion by WALTHAM FOREST DIVISION: That this meeting is alarmed that the Secretary of State for Health in England has acted in a gung-ho way in terms of junior doctors and other branches of practice, forgetting totally to care for the needs of patients, and demands that Parliament reinstate his duty to provide a national health service for all patients.

156d Motion by NORTH WEST REGIONAL COUNCIL: That this meeting proposes that Jeremy Hunt is given a special BMA award for being the best recruiter to our membership.

156e Motion by BUCKINGHAMSHIRE DIVISION: That this meeting proposes that the Right Honourable Jeremy Hunt MP should be given:
   i) an honorary membership of the BMA for his achievement in uniting the medical profession;
   ii) a free course in how to read a medical paper;
   iii) a promotion to his next job.

156f Motion by SCOTTISH COUNCIL: That this meeting commends the Scottish and Welsh governments and the Northern Irish Assembly for not seeking to impose a new contract and maintaining good working relationships with junior doctors.

156g Motion by NORTH WEST REGIONAL COUNCIL: That this meeting congratulates the government for increasing junior doctor recruitment in Australia, New Zealand and Canada.

156h Motion by SUNDERLAND DIVISION: That this meeting supports the current opposition by the junior doctors against imposition of new contract and is of the view that the new contract is unsafe for both doctors and patients and will have negative impact on health care delivery.

156i Motion by EASTERN KENT DIVISION: That this meeting thanks the JHD Negotiating Team for their dedicated hard work on behalf of their colleagues and congratulates them on their achievements so far.

156j Motion by LOTHIAN DIVISION: That this meeting wishes to express its wholehearted support for the Junior Doctors in their current dispute.
156k **Motion** by MID-SURREY KINGSTON & ESHER DIVISION: This meeting wishes to support junior doctors in their disagreement with the government’s stance on contractual matters and strongly advises that they should refuse to discharge patients from hospital as part of industrial action.

156l **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
   i) applauds the junior doctors for the principled stand they have taken in opposing imposition of the new contract;
   ii) fully supports them in ongoing industrial action until the dispute is resolved in their favour;
   iii) understands that to win the dispute that a total walk out has been necessary and supports the junior doctors in whatever it takes to ensure victory.

156m **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting supports the junior doctor’s principled stance in their dispute over NHS contract negotiations.

156n **Motion** by SOUTH ESSEX DIVISION: That this meeting requests BMA to ensure that:-
   i) the contract is not imposed on the Junior Doctors and;
   ii) the health and wellbeing of the patients and the doctors are not compromised.

156o **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting deplores the imposition of the Junior Doctors' Contract by the Secretary of State, the Rt. Hon. Jeremy Hunt. Such an imposition fails to appreciate the hard work of Junior Doctors in the NHS who deserve a contract that is safe for patients but also fair for doctors. It therefore calls on the government to re-enter meaningful negotiations with the BMA Junior Doctors' Committee.

* 157 **Motion** by SHEFFIELD DIVISION: That this meeting believes that all trainees appointed to a training programme should have a single lead employer for the whole of the programme, so that their continued service is recognised with the protections thereby afforded including, but not limited to:
   i) whistle blowing;
   ii) travel expenses;
   iii) parental leave;
   iv) negating the need for repeated DBS checks;
   v) employer taking full responsibility for ensuring legal working hours across changeover between posts.

157a **Motion** by SUFFOLK DIVISION: That this meeting insists that junior doctors working in the NHS must have a single, named, primary employer (ie NHS Employer) throughout their career even though they may be employed by many secondary organisations/trusts.

157b **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that:-
   i) Health Education England (or the equivalent legal entity) should act as junior doctors' lead employer for the duration of their training;
   ii) mandates the BMA to campaign to this end.
Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that a significant amount of service provision in the NHS depends upon junior doctors’ good will in working beyond their rostered hours, and:-
   i) that this can lead to unsafe working practices;
   ii) implores JDC to ensure that safe working hours limits are embedded within the new junior doctors contract;
   iii) implores JDC to ensure that safe staffing levels are considered in the current and any future contract negotiations.

Motion by JUNIOR MEMBERS FORUM: That this meeting notes that currently there is no agreed definition of minimum staffing levels for junior doctors in individual departments and supports declaration of clinical incidents and application of appropriate penalties if the above standards are not met.

Motion by JUNIOR MEMBERS FORUM: That this meeting believes safe junior doctor working requires a robust monitoring system and calls on the BMA to:-
   i) ensure any new junior doctor contract disincentivises poor rota planning;
   ii) ensure significant financial penalties for breaches to contracted hours are maintained;
   iii) lobby for an app for real-time reporting of unsafe working.

Motion by MANCHESTER & SALFORD DIVISION: That this meeting rejects the redefinition of night shifts in the contract the government wishes to impose on junior doctors and instructs the BMA to liaise with other trade unions, aiming at issuing a joint statement condemning this definition.

Motion by NORTHERN IRELAND COUNCIL: That this meeting is appalled that changes in the junior doctor contract will disadvantage women, particularly those who are training part-time, who are carers or lone parents.

Motion by NORTHERN IRELAND COUNCIL: That this meeting deplores the indirect discrimination against women in the imposed junior doctor contract, and condemns the Westminster government for believing that this is acceptable.

Motion by BIRMINGHAM DIVISION: That this meeting believes that junior doctors working extended hours should be entitled to the provision of suitable food and drink.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting has no confidence in the Secretary of State for Health and calls for his resignation.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting abhors the contempt and arrogance of Jeremy Hunt in his treatment of junior doctors and asks the BMA to continue to make every attempt to seek a negotiated settlement in this fiasco.

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting unanimously condemns the bullying tactics of the English Secretary of State for Health in an imposition of an unfair and unsafe contract for junior doctors.

Motion by SOUTH WEST LONDON DIVISION: That this meeting has a lack of confidence in the Secretary of State for Health and calls for his resignation.
160d Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting supports the democratic principle of rule by consent, and has no confidence in a Secretary of State who is prepared to impose terms and conditions of service on valued members of our profession.

160e Motion by MAIDSTONE DIVISION: That this meeting, in the event of the UK voting to leave the European Union, recommends that Jeremy Hunt leads the Exit talks in recognition of his negotiating skills.

Contingency time Thursday 11.40

MOTIONS ARISING FROM THE ARM Thursday 11.45 – 12.55

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

CLOSING BUSINESS Thursday 12.55

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

Session closes

Closing remarks from the BMA Representative Body chair

ARM ENDS Thursday 13.00