

**ARM 2016: Motions passed**  
**Thursday 23 June 2016**

<b>ARM agenda No.</b>	
	<b>WALES</b>
135	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	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.
137	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.
	<b>MEDICO-LEGAL AFFAIRS</b>
139	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.
140	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.
	<b>BMA STRUCTURE AND FUNCTION</b>

45	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. iv) appropriate changes are brought to the 2017 ARM and 2017 AGM.
	<b>MEDICAL STUDENTS</b>
142	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 and other healthcare 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.
143	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	That this meeting calls on all medical schools to protect students who whistle-blow about poor clinical practice they witness.
	<b>BMA STRUCTURE AND FUNCTION</b>
46	That this meeting asks the BMA to explore providing systems to assist members in volunteering their skills and knowledge internationally and locally.
	<b>WORKFORCE</b>
148	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.
149	That this meeting exhorts the BMA to promote a zero tolerance to bullying and harassment and:- i) is appalled that an unacceptable number of members have experienced bullying and harassment; ii) 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; iii) insists that those who bully or harass others are held accountable and dealt with appropriately.
150	That this meeting deplores the negative effect of the recent cap on hospital doctors' locum rates and calls for its abolition.
151	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;

	<p>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;</p> <p>iii) that the BMA should take forwards this work by establishing guidance for doctors on return to work.</p>
152	<p>That this meeting, with regard to the training of physician associates, calls for:-</p> <p>i) an impact analysis on the training of doctors and medical students;</p> <p>ii) the BMA to negotiate agreement on their scope of practice; <b>[AS A REFERENCE]</b></p> <p>iii) the introduction of their professional regulation.</p>
153	<p>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.</p>
	<p><b>JUNIOR DOCTORS</b></p>
156	<p>That this meeting supports the junior doctors in the dispute about a proposed new junior doctor contract in England and:-</p> <p>i) condemns any imposition of a contract on junior doctors;</p> <p>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;</p>
157	<p>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:</p> <p>i) whistle blowing;</p> <p>ii) travel expenses;</p> <p>iii) parental leave;</p> <p>iv) negating the need for repeated DBS checks;</p> <p>v) employer taking full responsibility for ensuring legal working hours across changeover between posts.</p>
158	<p>That this meeting condemns any changes in the junior doctor contracts which disadvantage women, particularly those who are training part-time, who are carers or lone parents.</p>
EM 7	<p>Recent meetings within the Association have resulted in significant complaints being raised about the video conferencing facilities, which need to be substantially upgraded. This meeting calls for:-</p> <p>i) an upgrade to the facilities for teleconferencing and videoconferencing;</p> <p>ii) appropriate guidance to be developed for the use of video conferencing for meetings including procedures for people to vote when tele/videconferencing into a meeting.</p>
EM 8	<p>The BMA has delivered a substantial campaign over the junior doctors' contract resulting in a negotiated contract that our members have the chance to vote on in a referendum. This meeting recognises and applauds the hard work of the hundreds of LNC reps across the country.</p>
	<p><b>CHOSEN MOTIONS</b></p>
181	<p>That this meeting notes that the NHS Bill 2015, a private members bill by Caroline Lucas MP, has fallen because of lack of parliamentary time. The NHS Bill 2015 was supported by the BMA. It is likely that a similar bill will be tabled again within this Parliament. This ARM calls on the BMA to support any</p>

	legislation in Parliament that seeks to achieve the same aims, or substantially the same aims as the NHS Bill 2015.
327	That this meeting re refugees acknowledges that, despite the many policy motions passed by this body since 1999, we are little further on in funding the training of refugee doctors to enable them to work within the NHS, including finding clinical placements, and calls once again on UK governments to direct appropriate resources to the continuing funding of programmes currently established to carry out this work.
328	That this meeting is concerned about the impact of charging migrants for NHS services. We ask the BMA, the BMA council chair and the international committee chair to:- i) run training workshops for BMA members about the influence immigration legislation has on doctors' clinical practice; ii) commission a report into the negative impacts of the Immigration Act on patient care and access to health services; <b>[AS A REFERENCE]</b> iii) run a public awareness campaign (including the production of materials, online infographics) on the value of migrant health workers to the NHS (on proviso that this is a business as usual and not massive campaign); iv) engage with other health unions and professional associations to issue cohesive guidance to all NHS staff (including administrative staff) advising them not to partake in any process of monitoring or deciding upon a patients' migration status. <b>[AS A REFERENCE]</b>
352	That this meeting believes that those who oppose all abortion will continue to use the law to attack doctors and women. Two women in Northern England were jailed in the last 4 years and two women are facing trial in Northern Ireland using the Offences Against the Person Act 1861. In addition, two doctors waited eighteen months before the DPP decided not to prosecute and a third doctor is awaiting trial in connection with the 1967 Abortion Act. We call on the BMA to set up a working party to formulate policy on the decriminalisation of abortion. <b>[AS A REFERENCE]</b>
379	That this meeting is concerned by the proposed expansion of 'GP Fellowship' posts which are neither consultant nor GP posts and are not supported by national terms and conditions of service. No current vacant posts should be re-advertised until a negotiated agreement is reached between SGHD and BMA Scotland.
	<b>EMERGENCY MOTIONS</b>
EM1A	That this meeting believes that the time commitment for newly appointed Guardians of safe working is being underestimated by Trusts and demands that:- i) the BMA advises LNCs that for most Trusts one Professional Activity (PA) session will be inadequate to fulfil this role effectively; ii) specific funding is given to Trusts to support this role.
EM2	That this meeting welcome the recent report from Royal Society for Public Health and Faculty of Public Health as an important intervention in the debate on drugs policy. Noting the 2013 Board of Science report "Drugs of Dependence" and in anticipation of a new drugs strategy from the UK government, this meeting calls for:- i) the UK government to move responsibility for drugs policy to the Department of Health; ii) legislative change so treatment and support are prioritised over criminalisation and punishment of individual drug users; iii) introduction of evidence based interventions such as heroin assisted treatment and supervised consumption rooms in areas of high levels of need.
EM3	That this meeting recognises that the current refugee crisis is a public health crisis and is dismayed that the French authorities blocked the recent aid convoy to the Calais refugee camp. This meeting

	calls on the BMA to release a statement condemning these actions.
EM4	That this meeting notes the recent statements, from UEMO last week and RCGP Council at the weekend, to demand the recognition of General Practitioners as specialists and asks that the BMA adds its vigorous support to correct this long overdue and anachronistic anomaly.