

# Consultants Conference 2024 Resolutions

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- 5      A53CC24      **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE
- That this Conference is appalled at the state of the Health Service in Northern Ireland through chronic underfunding, leading to the worst waiting lists and increasing health inequalities compared to other UK nations. We call on the BMA to lobby the Westminster government and the Secretary of State for Northern Ireland to release withheld funding immediately and properly resource HSCNI.
- 6      A7CC24      **Motion** BY OXFORD RCC
- That this conference calls upon trusts that are employing consultants on over 10 Programmed Activities for a year or more in a department to convert those PAs to additional permanent consultant posts to protect the wellbeing of consultant staff.
- CARRIED AS A REFERENCE**
- 8      A57CC24      **Motion** BY CONFERENCE AGENDA COMMITTEE
- That this conference believes That this conference notes the vast difference in SPA allocations between Trusts for various roles and activities, including those of LNC chair/deputy, resulting in pay differentials, gender gap differentials and potential misuse of non-working time to undertake SPA. While there have been recommendations for time allocation by the BMA and other organisations, it is proposed that the BMA:
- i.      Mandate that all job plans policies include a requirement for a minimum of 2.5 SPAs.
  - ii.     Provide ‘minimums’ guidance for various activities to standardise SPA allocation across Trusts (e.g. LNC chair, audit, governance, teaching, etc.) for BMA members.
  - iii.    Push for additional and equivalent SPA allocation for training other health care professionals, aside of the minimal amount given for time spent as an Educational Supervisor or appraiser, given the expanding and changing workforce impacting on the quantity of clinical supervision.
  - iv.     Provide guidance for doctors to not undertake SPA activities that are not remunerated or given time provision.
  - v.      Clear definition of the role of the clinical supervisor, including appropriate time allocation, when applied to non-medical prescribers.
- 9      A42CC24      **Motion** BY IMPERIAL COLLEGE HEALTHCARE NHS TRUST LNC
- This conference:
- i.      Notes the importance for many specialties of senior doctors being available at short notice out of hours to attend emergencies
  - ii.     Notes that in many areas it is increasingly unaffordable to live within the specified maximum journey time from the work site
  - iii.    Demands more use by employers of geographic pay premiums that better reflect the additional cost of living near particular areas
  - iv.     Demands that employers provide the option for senior doctors to use free on-site accommodation (which must meet standards agreed nationally with the BMA) or paid-for nearby hotel accommodation to allow non-resident on-call doctors to be within the required distance of their workplace out of hours
  - v.      Demands that doctors who take up this facility should be paid at a higher rate to reflect the fact they’re not on call from their own home

**TAKEN IN PARTS – i., ii., AND iii CARRIED. iv. and v CARRIED AS A REFERENCE**

11 A47CC24

**Motion BY MERSEY AND CHESHIRE RCC**

This conference notes the increase in demand for acute psychiatric beds over the past decade. The lack of availability of beds has led to a backlog of patients waiting in A&E for unacceptable long period of time, posing a significant risk and distress to patient with negative impacts on their wellbeing and prognosis.

This conference condemns the practice of allowing patients to remain in A&E for indefinite periods and calls for penalties to be applied where waiting times are breached.

12 A45CC24

**Motion BY IMPERIAL COLLEGE HEALTHCARE NHS TRUST LNC**

This Conference:

- i. Notes multiple ongoing serious problems between the GMC and the profession it regulates, where the GMC is not dissuaded from its course of action by the concerns of doctors and medical students
- ii. Believes that the GMC should not regulate PAs/AAs
- iii. Notes previous BMA policy calling for radical restructuring of the GMC (including the dismissal of its leadership team) to address inter alia issues relating to BME doctors and doctors under investigation
- iv. Notes previous BMA policy calling for an elected medical majority on the Council of the GMC
- v. Notes the increasing weaponization of GMC referrals in online and offline interactions with doctors
- vi. Notes that repeated expressions of no confidence in the GMC have not resolved these problems
- vii. Calls for the BMA to organise a coordinated threshold commitment to withhold GMC annual retention fees unless BMA Council is satisfied that sufficient action to resolve the above issues is underway by ARM 2025.

13 A40CC24

**Motion BY LONDON SOUTH RCC**

This conference recognises the value of a mixed workforce but maintains the need for the reform of the Physicians' Associate (PA) role.

We believe:

- i. The physician associate's role is to assist doctors.
- ii. The term "physician associate" should be replaced by "physicians' assistant".
- iii. Regulation of physicians' assistants should be by the Health & Care Professions Council not the GMC.
- iv. Supervision of physicians' assistants should be optional, and exclusively by consultants who have appropriate time in their job plans.
- v. Physicians' assistants should not receive training opportunities at the expense of doctors in training.
- vi. We reject the concept of autonomous practice for physicians' assistants and the 4 Tiers of practice described in the GMC consultations on PAs.

We call on BMA Council to prioritise these principles in consultations & negotiations with the Government

15 A51CC24

**Motion BY MERSEY AND CHESHIRE RCC**

This conference believes that the BMA should refuse to engage with the Sun newspaper other than when demanding apologies and corrections. All interviews and requests for comments should be refused and Sun journalists should not be permitted to attend any BMA events e.g the ARM.

28 A26CC24

**Motion BY SOUTHERN RCC**

That this conference notes the ongoing media and political pressure to legalise assisted dying in the UK, and the assumption that this will be carried out in health care facilities. It further notes the clear evidence from the BMA's 2020 assisted dying survey, which shows most doctors, and an even greater majority of consultants, are unwilling to either be involved in the prescribing of drugs for assisted suicide or in performing euthanasia. It reaffirms the Hippocratic principle of "doing no hurt or damage to our patients and refusing to administer poison to anyone". It urges the BMA to ensure that consultants are not expected to be involved in provision of assisted dying in any way.

16 A23CC22

**Motion BY MERSEY AND CHESHIRE RCC**

This conference notes the government's recent decision to threaten financial penalties to NHS trusts that are unable to meet 76% compliance with the 4-hour target in emergency departments in March. This will inevitably mean a focus on 'quick wins' with the 'non-admitted' group to the detriment of record numbers of patients experiencing extended trolley waits of 12 hours or more. We demand:

- i. That the government address the real issue of poor target performance in emergency departments of exit block due a lack of available inpatient beds.
- ii. That the government address the crisis in social care which currently prevents the discharge of medically fit patients from acute hospital beds.
- iii. That the government withdraws the politically-driven threat of financial penalties for trusts that are unable to achieve this target in one arbitrary month.
- iv. That the government takes steps to address the plight of record numbers of '12 hour trolley waits' which reached a staggering 177,805 patients in January alone and which is leading to avoidable deaths of patients and burnout of frontline NHS staff.