

Resolutions – 2019 Annual Representative Meeting

British Medical Association

Thursday 27 June 2019



ARM agenda No.	Resolutions
FINANCES OF THE ASSOCIATION	
120	That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2018 as published on the website be approved.
121	That the subscriptions outlined in document ARM1B (appendix iv) be approved from 1 October 2019.
123	That this meeting notes the BMJ editorial of 30th March, and preceding news item from 23rd March 2019, on travel claims for spouses by BMA Chief Officers. We ask that the BMA: - i) commissions a fully independent enquiry into this practice; ii) ensures that in the future no such claims are permitted unless they are extraordinary and have prior approval of the Finance Committee.
BMA STRUCTURE AND FUNCTION	
108	To best achieve our aims for the National Health Service, medical students, doctors, physician associates and other Medical Associate Professionals (MAPs), this meeting resolves that the BMA should work with organisations representing physicians associates, other MAPs and students of these professions in staff and/or student joint committees.
TRAINING AND EDUCATION	
125	That this meeting acknowledges the traumatic impact that clinical events encountered in their training and working environment, such as patient loss of life or patient life-threatening events, can have on junior doctors. This meeting recognizes that this trauma can have lasting negative consequences on trainee wellbeing. It calls upon the BMA to: - i) lobby education bodies and employers to train all doctors in how to undertake an effective debrief; ii) lobby education providers to include information on the importance of debriefing after a traumatic event in all postgraduate teaching programmes; iii) lobby education bodies to promote the use of debriefs to all involved in training junior doctors; iv) acknowledge that debriefs should take place contemporaneously after the traumatic event but must not require junior doctors to extend their working hours or use approved leave in order to receive a debrief; AS A REFERENCE v) work with the UK Resuscitation Council and other life support course designers to ensure that all life support courses have a mandatory debrief built into the end of the scenario training.

126	<p>That this meeting believes that the RCGP updated curriculum has failed to make the case for a 4 year training program. We call upon the BMA to lobby relevant bodies to:-</p> <ul style="list-style-type: none"> i) maintain the current 3 year training length; ii) overhaul training to be based entirely in general practice with short integrated secondary care placements designed to directly address trainees learning needs; iii) adequately incorporate training in management and business skills to better equip trainees as future leaders and practice partners.
127	<p>That this meeting calls for recognition of SAS doctors from Employers, Deaneries and the GMC by:-</p> <ul style="list-style-type: none"> i) creating career pathways for SAS doctors including an option of returning to training if so desired, and with full recognition of previous experience and seniority; ii) safeguarding the opportunity and time for training within service for SAS doctors, in line with that afforded to doctors in training, to ensure continued excellence in delivery of patient care; iii) recognising those pathways and banishing the use of pseudonyms such as ‘others’.
HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY	
129	<p>That this meeting welcomes the Secretary of State’s announcements on stopping out of date technology, but believes that: -</p> <ul style="list-style-type: none"> i) arbitrary dates to stop any technology without ensuring clinically safe and appropriate alternatives are in place put patients at risk; ii) relevant stakeholders including NHS England, NHS Digital, individual Trusts, and frontline clinicians should collate the advantages and disadvantages of all methods of communication currently in use within the NHS (including reliability, data security and cost), to identify areas of best practice; iii) where personal phones are required, expenses are claimable and the security of personal details should be GDPR compliant.
RETIRED MEMBERS	
132	<p>That this meeting calls on the General Medical Council to change its retiral, revalidation and re-entry processes in order to retain senior members of the profession to contribute to clinical services, teaching and research.</p>
CONSULTANTS	

135	That this meeting demands that the CEA system should be restored to its original form as its current form discourages consultants from pursuit of excellence. AS A REFERENCE
CHOSEN MOTIONS	
WORKFORCE	
204	<p>i) That this meeting believes that wholly owned subsidiaries undermine the terms and conditions of health workers and lead to a two tier workforce.</p> <p>ii) This meeting calls on the BMA to oppose wholly owned subsidiaries and to call for existing wholly owned subsidiaries to be abolished and all workers to be brought back into NHS terms and conditions.</p>
MEDICINE AND GOVERNMENT	
257	<p>That this meeting: -</p> <p>i) is horrified that the Home Office is attempting to embed immigration officers as part of an “enhanced checking service” into NHS trusts and local authorities;</p> <p>ii) calls on the BMA to demand that this practice is stopped.</p>
MEDICAL ETHICS	
273	<p>That this meeting insists that women accessing lawful abortion services and the staff providing those services: -</p> <p>i) should not be subject to intimidation;</p> <p>ii) should be provided with protestor free buffer zones outside abortion clinics.</p>
INTERNATIONAL	
282	That this meeting calls on the UK government to exert pressure on the Brunei government to reverse its decision to administer cruel, inhuman and degrading punishments, including public flogging of women who have had abortions and death by stoning for homosexuals, as part of its extension of Sharia Law within its criminal justice system.
GENERAL PRACTICE	
396	This meeting calls on the BMA to work with relevant organisations to ensure all CCGs and Health Boards in the UK can guarantee provision of a hoist, with appropriately trained

	staff, and appropriate examination couch in at least one practice within their groups, enabling timely and accessible examinations of patients with disabilities.
BMA STRUCTURE AND FUNCTION	
454	That this meeting believes that in instances where the BMA advocates for members with protected characteristics, the lived experience of members possessing those characteristics is of fundamental importance to the discussions. It therefore calls for the BMA to create a fair and transparent process for the appointment of liberation officers from within the committee of each branch of practice.
EMERGENCY MOTIONS	
EM1	That this meeting condemns the conditions being reported from within immigration detention centres in the USA, and the reopening of former internment Camp Fort Sill and :- i) calls on the UK government to urgently condemn these conditions publicly; ii) calls for the UK government to lobby through diplomatic channels for the closing of these immigration detention centres; iii) calls for a boycott of US goods by the UK public until dehumanising treatment of people in these centres comes to an end; iv) calls for consultation with relevant organisations about proper definition of these detainment centres.
EM2	i) That this meeting joins with the Sudan Doctors Union UK branch and the Sudanese Doctors Union of Ireland in condemning attacks by masked security men on doctors in Sudan; ii) This meeting extends solidarity to health workers in Sudan; iii) This meeting condemns the killing of civilians; iv) This meeting calls on the BMA to insist that the UK Government stop selling weapons to dictatorships such as Saudi Arabia as these weapons can then be used in the killing of civilians; v) This meeting calls on the BMA to make a public statement expressing our condemnation and to communicate this to the Sudanese Government. EM 2 all parts taken AS A REFERENCE
EM3	That this meeting: - i) is appalled to hear of an attack on doctors in Kolkata who were trying to provide care to patients earlier this month;

	<p>ii) expresses solidarity with our health care colleagues in India and the Indian Medical Association in their fight for better working conditions;</p> <p>iii) asks the association to work with World Medical Association to develop a charter to ensure safety of health care workers across the world.</p> <p>EM3 <u>all parts</u> taken AS A REFERENCE</p>
<p>EM4</p>	<p>That this meeting: -</p> <p>i) condemns the arrest, imprisonment and sentencing of council members of the Turkish Medical Association on 3 May 2019, for speaking out against the ‘irreparable physical, psychological, social and environmental damages’ caused by war;</p> <p>ii) believes that national medical associations, their representatives, and the wider medical profession must be free to speak out against all actions affecting health without fear of intimidation or retaliation, and that any adverse consequences following such statements are a gross violation of international human rights, particularly rights to freedom of expression and opinion;</p> <p>iii) calls for the Turkish government to stop hostile actions against the Turkish Medical Association and respect the rights of all Turkish doctors to practice medicine impartially in accordance with their core professional obligations;</p> <p>iv) urges the BMA to continue to demand that Turkey fulfil its obligations under international humanitarian and human rights treaties, including by protecting the right to freedom of association and expression;</p> <p>v) requires the BMA to continue to lobby such that those regimes that threaten the rights of health professionals are challenged and made accountable.</p> <p>EM4 <u>all parts</u> taken AS A REFERENCE</p>
<p>130</p>	<p>That this meeting is appalled that the government requires the Department of Work and Pensions to develop a new digital system for the administration of “health related benefits” which would gather relevant data from general practice records by automated routine requests which would destroy the essential doctor/patient relationship of confidentiality and asks the BMA to demand that the government abandon this project.</p>