

Resolutions – 2019 Annual Representative Meeting

British Medical Association

Wednesday 26 June 2019



ARM agenda No.	Resolutions
PROFESSIONAL REGULATION, APPRAISAL AND THE GMC	
74	<p>That this meeting asks the BMA to call on the relevant bodies to review within twelve months the impact on doctors of the involvement in an NHS or other complaints procedure, in particular with regard to: -</p> <ul style="list-style-type: none"> i) impact on the health of doctors; ii) impact on patient care; iii) the part played in complaints by unrealistic expectations and how this can be addressed; iv) BMA council working with BMA patient representatives to review and propose a fair and streamlined complaints procedure; v) raising awareness of the pressures on the NHS and realistic expectation of the service and its staff.
75	<p>That this meeting instructs council to obtain legal opinion clarifying the legal, GMC and contractual position of a doctor refusing to work knowing that they cannot guarantee patient safety due to system failure such as (but not limited to) significant clinical understaffing, IT failure, lack of support staff and to clarify the legal and GMC position if a doctor does work in these circumstances.</p>
76	<p>That this meeting is concerned by the increasing numbers of doctors that are suffering from burnout and demands that HM Government: -</p> <ul style="list-style-type: none"> i) reduces the bureaucratic burden of assessments during training; ii) reduces the bureaucracy created by appraisal and revalidation; iii) reduces the CQC inspection system which is causing stress to medical and other healthcare staff; iv) recognises that constant inspection does not produce improvement unless funding, staffing and appropriate resources are also improved.
77	<p>That this meeting believes the GMC suffers from a top-down institutional lack of insight and demands that the BMA works to ensure that the GMC is reorganised with independent senior medical leaders overseeing its reorganisation.</p>

SCIENCE, HEALTH AND SOCIETY	
80	That this meeting directs the BMA to act upon the IPCC report; to declare a Climate Emergency, to plan, campaign and cooperate to deliver carbon neutrality by 2030.
81	That this meeting recognises the detrimental effect social media has had on the lives of some young people in society, and the vulnerability that they experience when they feel isolated from the community that surrounds them. We ask the BMA to lobby the UK government to: - i) implement binding standards compelling social media networks to prevent the active promotion of self-harm and suicide as a means to deal with mental health issues; ii) mandate social media networks to implement mental health safeguards for any self-harm-related content visible to at-risk individuals, such as children and adolescents. These may include verification that the user is 16 or over, and promotion of child and adolescent mental health charities; iii) prosecute media corporations who are found to spread false news surrounding the suicide of a person. AS A REFERENCE
82	That this meeting condemns the practice of breast ironing. This meeting calls on the BMA to investigate the prevalence of breast ironing in the UK and to work with appropriate authorities to develop a policy to protect girls from this harmful practice.
83	That this meeting recognises the recent WHO announcement of anti-vaxxers being one of the top threats to global human health in 2019, alongside Ebola, HIV and humanitarian crises. We urge the BMA to lobby the UK government to: - i) implement binding standards compelling social media corporations to actively prevent the dispersal of false or misleading information on the effects of vaccinations; ii) bring legal obligations upon social media corporations enforcing that any anti-vaccine content must display its sources of evidence and of funding; AS A REFERENCE iii) provide funds to enable vaccine providers (GPs and outreach services) to annually offer any missed childhood vaccines to children, who have not had them previously, up to the age of 16.
PUBLIC HEALTH MEDICINE	
85	That this meeting is seriously concerned by the increased number of homeless people living and sleeping outdoors across the UK and recognises the deleterious effects of homelessness on physical and mental health. We call on: - i) medical schools to ensure that the healthcare needs of this population are included in their curriculum;

	<ul style="list-style-type: none"> ii) NHS bodies to explore integrated models of healthcare for this population such as the pathway team; iii) NHS bodies to provide NHS clinical staff with local guidelines including admission and discharge procedures for patients from this population; iv) UK governments to commit additional resources to support the primary medical care of these vulnerable people; v) UK governments to ensure that no person completing a prison sentence is released to conditions of homelessness.
86	<p>That this meeting believes that everyone has the right to a decent, affordable home and: -</p> <ul style="list-style-type: none"> i) welcomes the 2019 Shelter report “Building for our future: A vision for social housing”; ii) calls on all political parties to include a commitment to implement the Shelter report recommendations in their next election manifestos.
87	<p>That this meeting is extremely concerned about the growing presentation of knife crime in emergency departments across the UK. We therefore call on the BMA to: -</p> <ul style="list-style-type: none"> i) support the work of national charities and projects that aim to tackle this as a public health issue and acknowledges the role healthcare professionals have in tackling this issue alongside other government initiatives; ii) ensure medical students are aware of the social impacts of knife crime on the individual and community via integration of a session into the medical school curriculum from eg charities / local projects that tackle this issue.
COMMUNITY AND MENTAL HEALTH	
89	<p>That this meeting calls upon the Department of Health and Social Care to commit to: -</p> <ul style="list-style-type: none"> i) increasing mental health funding incrementally over the period of the 10 Year Plan to reach a minimum of 25% of overall budget in line with mental health treatment need and activity levels; ii) parity of resource, access, and outcome for mental and physical health services rather than esteem; iii) requiring those commissioning local services to allocate adequate, ring fenced funds for mental health promotion and prevention in line with the 10 year plan.
90	<p>That this meeting reaffirms the fact that elderly people deserve access to high quality health and social care, and demands that: -</p>

	<p>i) care homes are nationalised in order to achieve and maintain a national standard of residential and nursing home care;</p> <p>ii) care home staff are subject to NHS appraisal processes and terms and conditions of service;</p> <p>iii) home-based social care should be provided by NHS organisations;</p> <p>iv) there should be an increase in the provision of residential and nursing home beds, so that hospital patients in need of supported accommodation are not faced with long delays for supported living.</p>
OCCUPATIONAL HEALTH	
95	<p>That this meeting: -</p> <p>i) notes with regret that the UK is the only major European country that does not have a legal requirement for the mandatory provision of occupational health services (other than for 0.1% of the working population);</p> <p>ii) deplores the 2016 All-Party Parliamentary report findings that 87% of UK workers have no access to an occupational physician and consequently are denied access to the specialist medical expertise required for the prevention of further harm to their health and on the work adjustments required to allow them to continue to work;</p> <p>iii) calls on government to introduce a statutory requirement for the provision of high quality occupational health services for all working people in the UK, either through the NHS or as an obligation on employers.</p>
96	<p>That this meeting expects equal treatment for mental and physical ill health for medical students and doctors to reduce stigma for people taking sick leave due to mental ill health, and calls on the BMA to produce best practice guidelines for universities and employers.</p>
CLINICAL AND PRESCRIBING	
98	<p>That this meeting, noting the policy of the BMA is to support free NHS prescriptions, demands a review of prescription charges in England and asks for: -</p> <p>i) a review of FP92A (Application for Prescription Charge Exemption Form) as it is out of date;</p> <p>ii) the extension of conditions eligible for medical exemption;</p>

	iii) a cap on the maximum charge to each individual patient in one year.
99	That medicines supply shortages are becoming more frequent and the BMA should: - i) monitor these shortages; AS A REFERENCE ii) challenge the lack of NHS action to address the problem; iii) raise public awareness of the issue.
DOCTORS PAY AND CONTRACTS	
100	That this meeting: - i) believes that future discussions on doctors' pay should be informed by earnings data for other comparable jobs in the modern economy; ii) has no confidence in the Review Body on Doctors' and Dentists' Remuneration (DDRB); iii) calls on the Review Body on Doctors' and Dentists' Remuneration (DDRB) to be replaced by a transparent, fair and independent system of reviewing doctors' pay; iv) calls on the BMA to ballot members of the Association for industrial action if the next pay award is deemed not acceptable.
BMA STRUCTURE AND FUNCTION	
106c	That this meeting: - i) believes the current BMA in-house complaints procedure is not fit for purpose; ii) believes that BMA members with valid complaints are actively discouraged from raising a concern due to the current complaint system; iii) believes that sexism and harassment are not seriously addressed by the BMA; iv) welcomes the announcement of an independent external investigation into recent complaints of sexism and harassment within the BMA, as long as the investigator has the confidence of the complainants; v) expects the findings of the external investigation into complaints of sexism and harassment within the BMA to be published in a timely manner and any recommendations to improve the complaints procedure to be implemented.
STAFF, ASSOCIATE SPECIALISTS AND SPECIALITY DOCTORS	
111	That this meeting, regarding the holiday entitlement of SAS doctors:-

	<p>i) welcomes the NHSE recommendation that these doctors should receive an extra 2 days paid holiday per year and congratulates those trusts which have implemented this;</p> <p>ii) instructs BMA to negotiate the inclusion of the recommended extra 2 days holiday into the national terms and conditions of service to ensure all SAS doctors will benefit;</p> <p>iii) requests BMA to ensure that all NHS Trusts and private companies providing services to the NHS, as a minimum give their doctors their annual leave entitlement in full. AS A REFERENCE</p>
112	<p>That this meeting congratulates the BMA on agreeing the SAS charter in all four nations. We call upon the BMA to: -</p> <p>i) work with management to implement the charter using the toolkit;</p> <p>ii) provide evidence of this implementation;</p> <p>iii) ensure that the SAS LNC representative where present, is involved in the implementation and monitoring of the charter.</p>
113	<p>That this meeting calls on the BMA to consider promoting a CEA system for SAS doctors as part of a modernised reward and recognition regime for this hardworking and often very innovative cohort of the senior medical workforce.</p>
JUNIOR DOCTORS	
115	<p>That this meeting: -</p> <p>i) notes that trainees who move between different deaneries face problems in continuity of benefits like maternity allowances and childcare vouchers;</p> <p>ii) recommends that the NHS England as single employer for trainees would be a solution. AS A REFERENCE</p>
116	<p>That this meeting recognises that practical barriers can discourage doctors from exception reporting and calls for electronic reporting systems: -</p> <p>i) which are compatible across all platforms;</p> <p>ii) which are accessible outside the workplace;</p> <p>iii) which are free to use;</p> <p>iv) which are demonstrated as part of induction programmes;</p> <p>v) whose login details are provided at, or prior to, induction.</p>
117	<p>That this meeting recognises the negative impact on junior doctor wellbeing when timely annual leave requests are not accommodated by employers and deplores that junior doctors are expected to find their own cover. We therefore</p>

	call upon the BMA to lobby for contractual change on this basis.
118	That this meeting recognises the disparity in travel expenses policies between different deaneries, lead employers and local education training boards and we ask that the BMA lobby relevant bodies to create a simpler and fairer standardised expenses policy for all junior doctors.