

JMF agenda 2019

Order of day

- 09.30 **Welcome to day two**
JMF chair Dr Simon Tavabie
- 09.40 **Introduction to debating**
JMF executive committee
- 10.00 **Opening address**
BMA council chair Dr Chaand Nagpaul
- 10.20 **Debate of motions (part one)**
 Education, training and workforce
 Public health and international issues
 Mental health and wellbeing
 Pay and contracts
- 12.30 **Lunch**
- 13.00 **Debate of motions (part two)**
 Regulations and health policy
 The BMA
 Other
- 16.00 **Closing remarks and election results**
JMF chair Dr Simon Tavabie

Elections timetable

- 10.00 **Deadline for nominations for deputy chair**
- 12.00 **Deadline for executive committee and ARM representative nominations**
- 12.15 **Deputy chair hustings**
- 15.00 **Deadline for voting**

Education, training and workforce

- 1 That this forum calls upon the BMA to lobby health education bodies:
 - (i) to change the structure of local foundation training, from static to dynamic, taking on the feedback of foundation doctors in training and modifying it according to their needs;
 - (ii) to call for scheduled protected teaching time in the foundation programme.

- 2 That this forum notes the lack of formal undergraduate teaching on the issues and challenges faced by LGBT+ patients, medical students and healthcare professionals. This forum proposes that the BMA lobby relevant stakeholders to formally include teaching on LGBT+ healthcare in medical school curriculums.

- 3 That this forum acknowledges that there is an inconsistent stance on required attendance for bleep-free teaching during foundation years. We call on the BMA to lobby all relevant parties that 'bleep-free' teaching should be attended regardless of on call duties, omitting night shifts.

- 4 That this forum acknowledges that the difficulties of patient access to primary care is in part due to falling GP numbers and that this is a matter of patient safety. We call on the BMA to prioritise information gathering and solution finding to the difficulties in retaining GPs.

- 5 That this forum recognises the importance of good supervision. We therefore call on the BMA to lobby educational bodies to ensure all supervisors:
 - (i) are trained in giving effective feedback;
 - (ii) recognise the difference between performance management and bullying and harassment;
 - (iii) seek out regular feedback from those they supervise.

- 6 That this forum recognises that as the demand for foundation doctors to provide service provision rises, learning opportunities are increasingly limited. Therefore, the need for a high standard of teaching is of paramount importance. As such, we request that the content of sessions given at formal teaching should be reviewed with a view to creating a structured, system-based and relevant curriculum.

- 7 That his forum recognises that military veterans have higher rates of physical and mental health problems, and a significant proportion sofa surf or live on the streets and calls for:
- (i) dedicated training on the health needs of service personnel delivered as part of the undergraduate medical school curriculum.
 - (ii) a collaborative approach by healthcare and social services to provide military veterans with support to meet their physical and mental health needs following their return to civilian life.
 - (iii) standardising the mechanism for alerting healthcare professionals to the veteran status in patients.

Public health and international issues

- 8 That this forum notes with concern the impact of a potential hard border that could result from Brexit, on the health service provided north and south of the Irish border. We call on the BMA to work with the Irish Medical Organisation to lobby respective governments to ensure continuation of these essential cross border healthcare provisions.
- 9 That this forum believes that the mutual recognition of professional qualifications for doctors should continue to be recognised for all UK and EU citizens after Brexit.
- 10 That this forum acknowledges the increasing problem of homelessness across the UK. This forum calls upon the BMA to assess what can be done to tangibly support stakeholders in efforts to improve the lives of this cohort in the areas that BMA conferences and events are located.
- 11 That this forum is concerned by the lack of clarification on what being granted settled status will mean for current EU medical graduates working and living in the UK. We call on the BMA to lobby the UK government for urgent clarification.
- 12 That this forum believes the immigration health surcharge further threatens the recruitment crisis facing the NHS. We call upon the BMA to:
- (i) lobby the relevant bodies to abolish the surcharge for international doctors wanting to work in the NHS;
 - (ii) join with other unions and professional organisations to campaign for this change.
- 13 That this forum notes the current lack of clarity and parity of access to trans health services and calls on the BMA to lobby NHS bodies to ensure:
- (i) clear pathways are easily accessible for both health care professionals and patients;
 - (ii) adequately funded shared care arrangements where appropriate;
 - (iii) appropriate streamlined and easily accessible lines of communication between any involved service providers and the patient;
 - (iv) smooth transition between child, adolescent and adult services.

- 14 That this forum encourages the BMA to lobby for the use of the Rainbow Badge project in Primary Care via:
- (i) lead employers;
 - (ii) GP practices.

Mental health and wellbeing

- 15 That this forum recognises that medical student support services, especially in relation to mental health, can be involved in both fitness to practice and academic progression processes. We therefore call for the BMA to lobby relevant bodies to:
- (i) establish clear separation between student support and academic progression services;
 - (ii) be transparent about how medical student support services data is used and the limits of confidentiality;
 - (iii) provide examples of best practice solutions of confidential student support services;
 - (iv) ensure student support services are fully confidential.
- 16 That this forum 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.
- 17 That this forum recognises the importance of retrospective evidence for some mental health conditions, given the stigma, associated lack of insight and barriers to access currently within mental health services. This forum calls upon the BMA to lobby UK medical schools to ensure there are procedures in place to allow retrospective evidence to be submitted during the mitigation or appealing processes for some mental health conditions.
- 18 That this forum believes Schwartz rounds can be beneficial for the mental health of doctors. We call on the BMA to:
- (i) publicise the benefit of Schwartz rounds;
 - (ii) lobby employers to implement reflective groups or Schwartz rounds.
- 19 That this forum recognises that ACEs (adverse childhood experiences) have profound negative effects on physical and mental health. Failure to recognise and tackle these contributes to their continuation into the next generation. This forum calls for
- (i) mandatory, regularly updated level 3 child safeguarding training to be provided for all medical students and practicing clinicians;
 - (ii) integrative care pathways to be in place to support children exposed to early life adversity transitioning into adulthood;
 - (iii) collaborative approach to be fostered between services to ensure that children and adults who have experienced ACEs are adequately supported with their health and social care needs.

- 20 That this forum notes that mental health is a problem which is increasingly affecting medical professionals. We call on the BMA to introduce information on how to signpost doctors to available support services within the compulsory training module for LNC representatives. Furthermore, LNC reps should be provided with information to publicise those services locally.
- 21 That this forum notes the absence of data in the UK regarding sexual harassment in the medical profession and calls upon the BMA:
- (i) to explore mechanisms to assess levels of sexual harassment in medicine;
 - (ii) to use the BMA bullying and harassment portal to gather anonymous testimony regarding sexual harassment in medicine;
 - (iii) to signpost members and representatives to advice, support and resources regarding sexual harassment on the BMA website and through first point of contact.

Pay and contracts

- 22 That this forum 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:
- (i) assert that finding appropriate cover should be the responsibility of the employer;
 - (ii) call upon the BMA to lobby for contractual change on this basis.
- 23 That this forum recognises that the shadowing period undertaken prior to commencing an FY1 post is work and should therefore be paid at the hourly rate for an FY1 doctor as stated in the pay and conditions circular.
- 24 That this forum believes:
- (i) that there should be a publicly available independent equalities impact assessment on any changes to the junior doctors' contract prior to the planned referendum;
 - (ii) that the BMA should call on its members to reject any contract that has the potential to widen the gender pay gap.
- 25 That this forum:
- (i) acknowledges that doctors are working in a system that is under increasing pressure;
 - (ii) believes that BMA members could be better informed about their working rights;
 - (iii) calls on the BMA to assist members in enhancing their awareness of their working rights through focused campaigns.

- 26 That this forum recognises that the inability to link job applications post foundation training is likely a significant contributor to the ongoing recruitment and retention difficulties experienced by the medical profession in the UK. This forum calls on the BMA to lobby the relevant stakeholders to allow the linking of medical job applications post-foundation training.
- 27 That this forum notes that junior doctors are often not provided with adequate notice of their personalised rotas and work schedule despite a good rostering code of practice agreed between the BMA and NHS Employers. We call on the BMA to
- (i) aim to contractualise the timescales included in the code of practice as an objective for future negotiations;
 - (ii) to include punitive measures to be taken if an employer fails to meet those timescales;
 - (iii) to lobby the CQC to record and report publicly on employers' ability to meet these targets.
- 28 That this forum believes any doctor should be able to attend job and specialty interviews and therefore calls on the BMA to lobby the relevant stakeholders that interview leave should be granted.

Regulations and health policy

- 29 That this forum deplores the practice of using arbitrary targets instead of patient focused clinical outcomes and is concerned about the manipulation of hospital episode statistics in order to meet targets. We ask the BMA to lobby the government to:
- (i) abolish fines for not meeting targets;
 - (ii) create gold standard tariffs to encourage patient orientated quality improvement.
- 30 That this forum recognises that there are unsafe working patterns in general practice, including excessive numbers of patient contacts per day, including home visits. We call on the GPC to:
- (i) gather and review all available evidence pertaining to safe working practices;
 - (ii) produce recommendations to the RCGP on what constitutes a safe and sustainable workload for patients and GPs.

- 31 That this forum recognises that failure to carry out advanced care planning can lead to poor outcomes for patients at the end of their life. Therefore, we call for the BMA to
- (i) promote advanced care planning in order for patients to have a conversation with their GP about their future wishes and empower patients to initiate this discussion;
 - (ii) lobby for more funding and resources for GPs to facilitate discussions around advanced care planning;
 - (iii) lobby regulatory bodies including the Nursing and Midwifery Council and the Health and Care Professions Council to publish guidance that allows members to respect and respond to decisions made as part of advance care planning;
 - (iv) work with Trusts to produce documentation that encourages hospital doctors to engage in advance care planning as part of the discharge process.
- 32 That this forum recognises the large number of home visits overwhelming general practice. We call on the GPC to lobby NHS England/CCGs to commission allied health professionals to undertake home visits within their capability.
- 33 That this forum believes the BMA should lobby relevant employment bodies to ensure doctors' personal and health details are kept private and not shared without consent.
- 34 That this forum recognises the disparity in travel expenses policies between different deaneries and we ask that the BMA lobby relevant bodies to create a simpler and fairer standardised expenses policy for all junior doctors.
- 35 That this forum recognises that occupational health support for staff in the NHS is highly variable quadrinationally and calls on the BMA to:
- (i) create guidance on good practice in occupational health support for staff;
 - (ii) lobby employers to provide appropriate occupational health support to all staff;
 - (iii) ensure all employees are able to self-refer directly to occupational health.

The BMA

- 36 That this forum recognises disparities between engagement of the BMA among medical schools and therefore calls upon the BMA to:
- (i) ensure opportunities for representation are effectively promoted;
 - (ii) collaborate between regions and branch of practices to streamline communications and output.

- 37 That this forum recognises that the ARM 'actions to date' report is provided to members as a way of communicating relevant updates regarding motions. This forum asks for following additions:
- (i) all ARM action reports to indicate who is responsible for each motion and their contact details;
 - (ii) a clear time frame with expected outcomes;
 - (iii) more regular updates on policies.
- 38 That this forum calls upon the BMA to investigate the viability of the Association owning accommodation for use by representatives attending meetings at BMA House.
- 39 That this forum recognises that names, roles or contact details of any representatives on BMA committees are not always readily available. We therefore call on the BMA to:
- (i) publish the names and roles of BMA representatives including elected representatives on BMA committees should they consent, such that it is available to the wider membership;
 - (ii) provide all representatives with BMA email addresses to enable their membership to directly contact them.
- 40 That this forum asks the BMA to train final year medical student BMA activists on their contracts and common F1 workplace issues, including, but not limited to, shadowing week pay, leave, rotas, access to occupational health support and tax errors.

Other

- 41 That this forum asks the BMA to:
- (i) collect and publish statistics on NHS plastic use;
 - (ii) research measures for plastic reduction in other healthcare systems;
 - (iii) produce a 'Reduce Plastic' toolkit for members to use to engage and lobby Trusts/employers to reduce plastic use;
 - (iv) create a network for members to collaborate and coordinate as 'anti-plastic ambassadors'.
- 42 That this forum recognises the positive influence of recently established BAME student medical societies and therefore asks the BMA to:
- (i) collect and publicise examples of this good practice;
 - (ii) to create and publish a guide on how to replicate this in other medical schools.

- 43 That this forum recognises NHS IT systems are not fit for purpose and calls upon the BMA to:
- (i) lobby central government to ensure that there are common software data standards to allow a seamless transfer of data between health-related software packages and healthcare organisations;
 - (ii) explore with NHS organisations, private providers, Government and any other relevant bodies the potential barriers to the adoption of these data standards by software companies and how these can be resolved.
- 44 That this forum recognises the underlying need for projects such as the BMA aspiring doctors' programme and therefore asks the BMA to:
- (i) lobby medical schools to create regular clinical opportunities for widening participation secondary school students;
 - (ii) identify secondary schools in the UK with a low applicant rate for medicine;
 - (iii) target these schools with low application rates for medicine with an information campaign about clinical opportunities for widening participation secondary school students and guidance on how to support aspiring medics.
- 45 That this forum recognises that the general struggles of a doctor, or even as a medical student, are well publicised among the medical profession. The possible doctors of tomorrow need more awareness. This forum calls upon the BMA to:
- (i) engage with leaders in other professions, such as the arts, to promote medicine as an accessible profession to society;
 - (ii) publicise the daily struggles that doctors and medical students overcome and ensure there is an increase in the visibility of doctors and medical students when they succeed, in society as a whole;
 - (iii) provide assurances to even younger generations that medicine is a profession for all, regardless of background, through work in earlier settings.
- 46 That this forum recommends that the BMA produces a report and recommendations to lobby relevant stakeholders about widening participation in Medicine at a postgraduate level.