

Annual Representative Meeting 2020

Part 2 agenda

15 September 2020 (virtual conference)

**The motions in this part 2 agenda
are unlikely to be reached unless
as chosen motions**

#ARM2020

**ARM
2020**

British Medical Association

**PART 2 AGENDA
of the
ANNUAL REPRESENTATIVE MEETING
(motions not prioritised for debate)**

TO BE HELD VIRTUALLY ON

TUESDAY, 15 SEPTEMBER 2020

**BMA Representative Body Chair:
Dr Helena McKeown**

(NB: The appendices to the ARM agenda will be in a separate document ARM1A)

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PART 2 - PANDEMIC PREPAREDNESS AND RESPONSE

The motion(s) below, in the shaded area, are unlikely to be reached

- 62 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the long term health impacts of COVID-19 are, as yet, unknown and calls on the UK government and devolved administrations for the establishment of a UK wide COVID-19 disease registry to follow up patients who have had the infection.
- 63 **Motion** by PUBLIC HEALTH MEDICINE COMMITTEE: That this meeting notes that the long-term health impacts of COVID-19 are, as yet, unknown and calls for the establishment of a COVID-19 registry to follow up patients who have had the infection.
- 64 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the action on COVID-19 to reduce incidence aiming for elimination in Scotland, Northern Ireland and Ireland. We call on the UK government to promote such a strategy in England.
- 65 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that the COVID-19 pandemic has demonstrated that the UK was ill prepared to cope with the pandemic. It calls on the government to:-
- i) ensure there is greater stockpiling of PPE;
 - ii) increase local capacity to produce PPE and undertake testing, thereby reducing our dependence on other countries;
 - iii) to regularly test our preparedness including to novel viruses, to publish the results and to set out the reasons if necessary, why any recommendations are not supported;
 - iv) support increased funding for outbreak modelling, epidemiology and public health, including an increase in public health higher specialist training capacity;
 - v) provide bespoke funding for vaccine development and local manufacturing capacity.
- 66 **Motion** by SHROPSHIRE DIVISION: That this meeting is profoundly saddened by the tens of thousands of people who have died so far during the COVID-19 pandemic including the excess mortality of people from Black, Asian and minority ethnic backgrounds. This meeting:-
- i) demands that adequate PPE be supplied throughout the NHS and amongst care staff both now and for the foreseeable future;
 - ii) calls for an inquiry into the increased mortality of Black, Asian and minority ethnic staff;
 - iii) calls for the NHS to implement an action plan for the protection of all staff, particularly the most vulnerable including Black, Asian and minority ethnic staff;
 - iv) welcomes some of the new working methods adopted by the NHS during the pandemic including remote consultations whilst insisting that these do not become by default the 'new normal' without an evidence-base.
- 67 **Motion** by ISLINGTON DIVISION: That this meeting asks the BMA to call for mandatory face masks both indoors and out when appropriate physical distancing is not possible. This will then need to be reviewed regularly in the light of developments around the COVID-19 pandemic.

- 68 **Motion** by LEWISHAM DIVISION: That this meeting believes that:-
 i) local communicable disease systems must be rebuilt;
 ii) contact tracing must be undertaken through local leadership;
 iii) resources presently in COVID111 and COVID clinical advisory service should be moved into primary care to enable coherent holistic responses.
- 69 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is appalled by the management of the NHS Track and Trace system which:-
 i) wasted an unacceptable amount of time and money on a failed UK only system;
 ii) failed to prioritise the expansion of established local public health contact tracing teams and;
 iii) condemns the government for awarding the contract to a company with a proven record of failure in delivering national contracts and;
 iv) insists that government recognises that local systems are much more effective and fund them appropriately.
- 70 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes the UK government response to the developing Coronavirus pandemic was inept, too slow and driven more by political and economic considerations than concern for the health of the nation or healthcare workers, and calls on BMA to demand proper pandemic preparatory planning be put in place for future occurrences.
- 71 **Motion** by TOWER HAMLETS DIVISION: That this meeting, in response to COVID 19, demands that government:-
 i) ensure that workers are not under pressure to attend work either for financial or workforce reasons while they are unwell or self-isolating and at risk of inadvertently passing on the disease;
 ii) provide the equivalent of day-one statutory sick pay to those on zero hours contracts;
 iii) allow the NHS to requisition private health care facilities to accommodate effective COVID-19 treatment and quarantine provision if needed;
 iv) ensure workers are paid in full while they are unwell or self-isolating.
- 72 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting instructs council and branch of practice committees to back unequivocally colleagues who reasonably adopt a “no PPE - no see” policy when dealing with situations which require the use of PPE.
- 73 **Motion** by LEWISHAM DIVISION: That this meeting believes that statutory sick pay should be paid at least at the level of the minimum living wage if elimination of COVID-19 is to be achieved, and calls on the BMA to campaign for this.
- 74 **Motion** by CC CONFERENCE AGENDA COMMITTEE: That this meeting believes that the impact of COVID-19 on the NHS has highlighted the gross underfunding of the NHS and the totally inadequate physical environment that NHS employees and patients experience every day. In particular it has highlighted:-
 i) the inadequate ITU capacity within the UK;
 ii) the risks of running a health service with little to no surge capacity;
 iii) the over crowding that is now normal within NHS wards that increases the risk of infectious outbreaks and limits the use of PPE and hand washing facilities.

We call upon the governments of the UK to immediately and dramatically increase investment in the NHS to address these fundamental problems.

- 75 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is outraged by the UK government's blatant prioritisation of its own political interests over the healthcare needs of the UK population by:-
- i) refusing to collaborate with EU bodies over the acquisition of ventilators, PPE and antigen tests, and the development of track and trace strategies solely to enhance its Brexit stance;
 - ii) undermining public confidence and compliance with the lock down rules when it shielded a senior political adviser who flagrantly breached said rules;
 - iii) making grand promises to grab positive headlines but failing to deliver on these promises such as the Nightingale Hospital scheme and the COVID patient testing numbers;
 - iv) claiming to 'follow the science' but using this mantra inconsistently to shield its political decisions, leading to an erosion of public trust in government strategy, making a second wave of COVID infection more likely and;
 - v) supports the BMA in all the actions it has taken and plans to take to challenge and refute this approach.
- 76 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting calls for a full analysis on the provision of PPE during this pandemic, practically the supply, the lack of training, the difficulties around fit testing and the different standards being used in Northern Ireland as well as the fit of certain products. Surprisingly doctors come in all shapes and sizes and therefore the products that protect patients and us and need to be fit for purpose.
- 77 **Motion** by NORTH EAST WALES DIVISION: That this meeting should ask the government to recognise the heroic efforts and sacrifices made by the NHS staff in this pandemic by giving appropriate awards and medals similar to those awarded to soldiers during war time.
- 78 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting condemns utterly any government action which stems the flow of data on testing, infection rates and demography of outbreaks from reaching those on the front line of the COVID-19 pandemic in public health, the local NHS and local government. The lack of this data costs lives. We require UK council to keep track of such blocks and to work with the BoP committees and regional/national functions in the BMA to bring them to light assiduously.
- 79 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting instructs council and the branch of practice committees to continue the pressure on government to ensure a robust and reliable supply of genuine CE marked PPE supplies.
- 80 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting asks the board of science to produce as a matter of urgency a high-level review of the science behind the handling of the COVID-19 emergency and subsequently a more detailed review so that members are best informed when any retrospective investigation into the pandemic occurs.

- 81 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting asks the ethics committee urgently to review the ethical issues in the handling of the COVID-19 emergency so that the profession and society have better information should subsequent waves of infection occur.
- 82 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting does not accept the repeated UK government claim that its management of the COVID-19 pandemic protected the NHS and saved lives
- i) as the NHS 'coped' only by ceasing almost all other work;
 - ii) as it abandoned the residents of care homes resulting in an appalling number of deaths;
 - iii) as GP requests for investigations and referrals have been obstructed by Hospital Trusts as a response to their need to manage the COVID-19 pandemic excess workload;
 - iv) as the repeated message to the public to not bother the NHS may have resulted in the late presentation of serious illnesses which could affect prognosis;
 - v) as the Office for National Statistics reports a significant number of excess deaths over and above the COVID-19 related deaths;
 - vi) and requests BMA to lobby all MPs to commission a focused and rapid review of the government's handling of the pandemic to learn all the lessons needed and ensure their mistakes are not repeated.
- 83 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is horrified by the UK governments lack of planning and failure to safeguard the residents of care homes, abandoning them and their carers during the COVID-19 pandemic:-
- i) as instead of "throwing a protective ring around care homes" these homes were forced to admit hospital patients known to have COVID-19;
 - ii) by failing to act with any urgency when the death toll in care homes rapidly increased to over 18,000 COVID related deaths and more than 25,000 excess deaths. (ONS figures early July);
 - iii) by failing to ensure timely and sufficient supplies of PPE which would prevent the transmission of COVID-19 between carers and residents;
 - iv) by their continuing failure (as at mid-July) to deliver the promised COVID testing for all care home residents and staff;
 - v) and demands a rapid but transparent enquiry to address the multiple failings of the government so that lessons learnt ensure that care home residents and staff are valued and protected in future waves of this and any future pandemic/epidemic.
- 84 **Motion** by ISLINGTON DIVISION: That this meeting notes that Britain has the worst record among European nations of deaths per capita from COVID-19, and demands a national investigation that reports within 2020 interim findings so that we can improve our response to the coronavirus pandemic.
- 85 **Motion** by LONDON REGIONAL COUNCIL: That this meeting condemns the government's abject failures throughout the COVID-19 pandemic which have resulted in tens of thousands of unnecessary deaths. Going forward, we call on the BMA to lobby the government for:-
- i) adequate investment in our NHS bed stock to cope with future emergencies;
 - ii) investment to rebuild our decimated public health system;

- iii) the establishment of a statutory body of experts to plan for future pandemics and health emergencies;
- iv) legislation to provide for the requisitioning of private health care facilities should they be required in future national emergencies;
- v) a full, independent, public enquiry into the government's management of the pandemic.

PART 2 - CULTURE, INCLUSION AND DIVERSITY

- 86 **Motion** by SAS CONFERENCE AGENDA COMMITTEE: That this meeting notes with dismay the results of the GMC's survey of SAS and Locally Employed doctors, acknowledging the high incidence of bullying and harassment experienced by SAS doctors, demands that:-
- i) the BMA works with national health organisations and education/training bodies to provide mandatory in-house training to all medical staff to raise awareness and tackle this issue;
 - ii) the BMA promotes the appointment of an 'Anti-Bullying Champion' in each employing organisation with effective powers to monitor and address bullying in the workplace, with appropriate action against perpetrators;
 - iii) the BMA works with employers from all UK nations and the GMC to implement a confidential reporting system for victims of bullying, and development of an appropriate regulatory/disciplinary system to sanction perpetrators of this inappropriate and unacceptable behaviour;
 - iv) specific attention to be paid to tackling bullying and harassment as part of charter implementation and for regulators to assess each employer organisation's approach to this as an indicator of leadership.
- 87 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting is concerned by ongoing reports of bullying within the NHS and calls for the BMA to arrange an open discussion, using genuine cases in order to promote learning, understanding and a better future for staff within the NHS.
- 88 **Motion** by SHROPSHIRE DIVISION: That this meeting welcomes that NHS Employers has introduced Guardians of Safe Working for doctors in training as part of contractual exception reporting processes to ensure safe working conditions both for them and their patients. Nevertheless, this meeting:
- i) deplores the fact that similar safeguards are not available to other branches of practice;
 - ii) call upon the BMA to negotiate the introduction of exception reporting processes for all branches of practice; and
 - iii) call upon the BMA to negotiate to extend the remit of the Guardian role to protect all doctors.
- 89 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that senior management of NHS organisations should reflect the ethnic diversity of its workforce, as without this change it will not be possible to bring lasting improvements to workplace factors such as challenging and removing bullying, harassment and the hesitancy to raise concerns, which have contributed to the disproportionate deaths of Black, Asian and minority ethnic health care workers due to COVID-19 infection.

- 90 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that senior management of NHS organisations should reflect the ethnic diversity of its workforce. This would lead to a change in culture as hesitancy to raise concerns, work place bullying and harassment etc may have contributed to the disproportionate deaths of Black, Asian and minority ethnic health care workers during COVID.

PART 2 - BMA STRUCTURE AND FUNCTION

- 91 **Motion** by LONDON REGIONAL COUNCIL: That this meeting welcomes the BMA's drive to achieve gender balance in terms of committee representation but insists that measures to achieve Black, Asian and minority ethnic representation are progressed at the same rate.
- 92 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting notes the conclusions of the Romney report and supports changes as appropriate to implement its recommendations.
- 93 **Motion** by JUNIOR MEMBERS FORUM: That this meeting asks the BMA to develop a feedback tool for members after they have submitted a motion to inform them of the outcome of the motion after the relevant conferences and how the relevant officers have attempted to implement it.
- 94 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting supports the strategic objectives of the BMA coming from the various internal reviews and believes:-
 i) it is now becoming apparent that too many members at present are not fully aware of the value of the BMA, particularly at local level;
 ii) being truly member centred with genuine member engagement and voice will never be fully realised without genuine encouragement, support and resourcing;
 iii) it is absolutely crucial that BMA now harnesses the momentum engendered from the recent regional council elections and uses this opportunity to actively engage the grassroots member.
- 95 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that for BMA as an organisation to fully understand, represent and advocate the feelings and aspirations of its members it should:-
 i) ensure that all decision-making committees and their executive officers are as ethnically diverse as the membership it represents;
 ii) take active steps to engage with Black, Asian and minority ethnic members at grassroots to encourage them to become involved with regional councils and local divisions;
 iii) engage meaningfully with the proposed BMA Black, Asian and minority ethnic Forum to look at how to increase the ethnic diversity of different BMA committees;
 iv) take practical steps like mentorship and training of current ethnic minority elected members of different BMA committees to prepare/encourage them to step into executive roles within the BMA.
- 96 **Motion** by CORNWALL DIVISION: That this meeting believes that the local BMA events which were delivered during the pilot localisation project were valued by members and is concerned that funding to implement the project more widely has not yet been identified.

- 97 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that doctors' professional standing has been eroded and calls on the BMA to adopt an assertive stance in national and local negotiations to include media campaigns and effective local action in order to improve effectiveness of protecting the rights of doctors.
- 98 **Motion** by SOUTH DEVON DIVISION: That the duties and powers of the organisation committee under paragraphs 6 & 8 of its constitution are transferred to a new committee – The Awards Committee.
- 99 **Motion** by SOUTH DEVON DIVISION: That this meeting asks that all members whose names are submitted for consideration for BMA Awards and Honours are advised of that submission, and that those who are not successful are given feedback in line with BMA behaviour principles for non-discrimination, respect, accountability and kindness.

PART 2 - PENSIONS

- 100 **Motion** by LOTHIAN DIVISION: That this meeting notes that GP locums can be deemed not to be eligible for the full life assurance cover provided through an NHS Pension Scheme membership, should their death occur on a day when they are not scheduled to be working, and:-
- i) welcomes the temporary NHS Scotland Coronavirus Life Assurance Scheme (Scotland), noting that it will not exclude GP locums simply because they do not meet the definition of being active members of an NHS Pension Scheme at the time of their death;
 - ii) welcomes the fact that the temporary NHS Scotland Coronavirus Life Assurance Scheme (Scotland) will provide the beneficiaries of all eligible relevant persons with benefits comparable to those with access to the full death in service cover provided through an NHS Pension Scheme;
 - iii) deplores the fact that GP locums working for the NHS in England, Wales and Northern Ireland do not have access to a scheme similar to the temporary NHS Scotland Coronavirus Life Assurance Scheme (Scotland);
 - iv) deplores the fact that no permanent solution has been implemented in any part of the UK to address the possibility of GP locums continuing to actively contribute to an NHS Pension Scheme but being deemed not to be in pensionable employment at the time of their death;
 - v) demands that all governments in the UK take permanent action to ensure that GP locums are no longer subject to reduced death in service cover solely because death occurs on a day when no work had been scheduled.
- 101 **Motion** by LOTHIAN DIVISION: That this meeting deplores that due to the ongoing crisis in GP recruitment and retention, Health Boards are actively encouraging self-employed sessional GPs to sign up for GP contracts at present, but still there is no provision of cover for 'death in service' for them unless they actually die in front of a patient. We believe that, at a time of extreme difficulty in GP, we need to include these experienced clinicians in the 'pensionable pay awards' as opposed to the current punitive 'deferred service payment' to enable them to contribute in this time of grave shortage of General Practitioners and for the future.

- 102 **Motion** by NORTH EAST WALES DIVISION: That this meeting demands that retired doctors re-joining the workforce to fight against a pandemic should automatically be entitled to Death in Service Pay, and that their spouse/partner be compensated for loss of pension earnings.
- 103 **Motion** by NORTH DEVON DIVISION: That this meeting asks that pressure be applied to Primary Care Support England [PCSE] to streamline their services and records, and particularly with regard to pensions, so that individual practitioners are not required to produce large amounts of duplication due to "lost evidence".
- 104 **Motion** by WELSH COUNCIL: That this meeting is concerned that any delay in announcing the remedy for the illegal discrimination in setting up the 2015 pension scheme will delay reclamation of tax payments based on an illegal scheme which many doctors had to borrow to fund and insists that there is no delay in enabling a recalculation of tax that would have been due were the doctor's previous scheme still in place.

PART 2 - DOCTORS' PAY AND CONTRACTS

- 105 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the exploitation faced by many locally employed and Trust Grade doctors and calls on the BMA to improve support for these doctors by:-
- i) co-ordinating a national campaign to ensure that these doctors are given appropriate support and access to development as well as the option of moving to national TCS after a year;
 - ii) setting up improved internal representation for these doctors;
 - iii) campaigning for Health Education England and employers to allocate appropriate resources to support study and development for those on non-standard contracts.
- 106 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting is appalled at the increasing delays by the Doctors and Dentists Review Body in publishing their annual report into Doctor and Dentist's pay and:-
- i) insists on timely release of reports;
 - ii) calls for the BMA to lobby the government to implement DDRB recommendations annually in full in a timely manner.
- 107 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting mandates that council and the branch of practice committees pursue policies in connection with the COVID-19 emergency and afterwards which:-
- i) recognise the disproportionate impact upon Black, Asian and minority ethnic colleagues and unequivocally support them;
 - ii) celebrate the professionalism and flexibility of doctors and medical students and other NHS staff exhibited during the COVID-19 emergency rising to the occasion by implementing, often at great personal sacrifice, novel ways of working;
 - iii) resist attempts by the NHS to impose the temporary novel ways of working as permanent without agreed negotiation particularly but not restricted to issues such as
 - a. work patterns
 - b. annual and other leave
 - c. job plans

- d. referral patterns
- e. training rotations
- iv) reject arguments such as “mainstreaming” and “normalisation” to justify imposition of new ways of working not agreed or negotiated with the workforce;
- v) remove the overly bureaucratic requirements, and burdens imposed on doctors simply to allow them to remain in practice;
- vi) highlight the swift flexible response of NHS organisations to COVID-19 and the redundancy of the healthcare inspection process in its present form.

PART 2 - WORKFORCE

- 108 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting endorses all the recommendations made in the Fenton review on Black, Asian and minority ethnic deaths from COVID-19 and urges the BMA to demand the government to:-
- i) implement the recommendations in full;
 - ii) involve key stakeholders such as the BMA in the Race and Health Observatory announced by NHS England;
 - iii) launch an independent public enquiry into the handling of the pandemic so that lessons can be learnt before the next wave, or further pandemic, hits.
- 109 **Motion** by WELSH COUNCIL: That this meeting calls on all governments to follow the Scottish lead and recognise that safe staffing is essential to providing safe quality care and that this commitment should be included in legislation on any duty of quality.
- 110 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting is concerned about the short and long term adverse impact on doctors, other health care workers and carers mental health due to the overwhelming circumstances experienced while caring for patients with COVID-19, and insists that the governments must establish and fully fund a rapid and easily accessible mental health service for those affected.
- 111 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that the NHS remains under sustained pressure. Clinicians are overworked and at the end of their tether. The GMC/Kings Fund report highlighted the impact of the work pressures on wellbeing and also the effect on safe medical practice. Medical staff shortages are significant and have a huge impact on safe patient care. The implementation of the Royal College on safe medical staffing is the first step in this direction.
- 112 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the value of the new Fatigue and Facilities charter in improving access to rest facilities. It calls upon the BMA to expand this charter:-
- i) to include all BMA members;
 - ii) to improve access to materials needed to complete work;
 - iii) to extend access to facilities to improve BMA members’ mental and physical health.
- 113 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the grooming of prospective and practising doctors as well as their clinical teachers to accept a harmful, under-resourced training and working environment which has been exacerbated during the pandemic and calls on the BMA to:-

- i) highlight the issues of burnout and under-resourcing and actively promote the wellbeing of the NHS workforce;
- ii) lobby to end the culture of teaching resilience, mindfulness and other coping strategies in place of correcting the system pressures that put such a burden on NHS staff;
- iii) promote BMA wellbeing services and work with other organisations such as the Practitioner Health Programme to ensure consistent and improved support for all doctors;
- iv) commence a campaign to ensure that appropriate breaks are taken and encouraged and that appropriate facilities are available across the NHS.

- 114 **Motion** by CONSULTANTS CONFERENCE: That this meeting recognises the significant temporary changes made by NHS employers throughout the UK that have improved staff wellbeing during the COVID-19 response. We call for employers to follow the example of Milton Keynes University Hospital in boosting morale and improving staff retention through permanent initiatives including:-
- i) adequate free parking for staff at all hospital and non-hospital, NHS – run facilities;
 - ii) free refreshments at work;
 - iii) increase in flexible working opportunities, including home working;
 - iv) increase in special leave; and
 - v) enhanced wellbeing services.
- 115 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting instructs council to oversee and encourage investigations to establish the reasons as to why Black, Asian and minority ethnic colleagues have borne a disproportionate toll of illness and death during the COVID-19 outbreak and to take all steps to ensure that the results are publicised and lessons learned.
- 116 **Motion** by SOUTH WEST LONDON DIVISION: That this meeting DEMANDS that every institution, where staff succumbed to COVID-19, MUST, within six months, thoroughly investigate the circumstances and identify the root causes of this catastrophic loss. The role of bullying and racism MUST be addressed robustly and no guilty party spared.
- 117 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is concerned by the lack of clarity regarding the pros and cons of “passporting” rather than “central employer” and:-
- i) believes that “passporting” is a quick fix being used to the detriment of employees;
 - ii) calls on the BMA to lobby for and provide additional assurances.
- 118 **Motion** by SALISBURY DIVISION: That this meeting calls for:-
- i) all NHS employing organisations to review rapidly their processes for bringing back retired staff, in order to sweep away unnecessary bureaucracy and training requirements;
 - ii) recognition and that the recruitment of a senior, experienced clinician;
 - iii) implementation of facilitative, streamlined processes that will reflect the difference of the requirements for a new starter;
 - iv) rapid release of guidance to all NHS employers to facilitate rapid, consistent and transferable recruitment processes for returning retirees.

- 119 **Motion** by WELSH COUNCIL: That this meeting believes that COVID-19 should be classified as an industrial disease for frontline health workers.
- 120 **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting demands more incentives to encourage retirement beyond 60 years of age.
- 121 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls upon the BMA to recognise the health risks involved with shift working especially night shifts and:-
 i) to negotiate with the NHS employers for a risk allowance for those doing full shift work;
 ii) highlight age related impact of shift working on health;
 iii) to use the opportunities to research the impact of shift working;
 iv) to extend the fatigue and facilities charter to all doctors working on a full shift system.
- 122 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises that medicine and healthcare have changed with increased patient complexity, intensity and expectations, and the modern workforce wishes to be more flexible. It therefore calls on the BMA to lobby relevant stakeholders involved in workforce planning to:-
 i) include protected time for supporting professional activities;
 ii) explore self-rostering in all specialties;
 iii) hold rota co-ordinators to account for rostering decisions.
- 123 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting is deeply concerned at the inequality of occupational health service provision between general practice staff and all others in the wider NHS workforce, as demonstrated with the lack of support for COVID-19 risk assessments and:-
 i) believes all practice staff should be able to access locally provided NHS occupational health services;
 ii) demands that governments and commissioners make access to occupational health services for general practice staff available without additional cost to practices.

PART 2 - SAFE DOCTORS, SAFER PATIENTS

- 124 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting calls on the Northern Ireland Department of Health, following on from the successful Better Culture, Better Care: Creating Trust, Learning and Accountability within Health and Social Care, conference in Belfast in December 2019 to consider developing a model of cultural change for health and social care, based on learning from best practice elsewhere, which includes:-
 i) safe staffing mechanisms so that no one has to work in a consistently under-staffed and under-resourced system;
 ii) development of an investigation process that is effective for patients, families and doctors with safe spaces for disclosure and implementation of improvement and learning from situations;
 iii) having a fair and proportionate system of individual and service wide regulation that understands context and systemic pressures and is part of a culture of learning and improvement;

- iv) effective accountability procedures and mechanisms in place to escalate concerns, with a genuine focus on improving patient care, not hitting financial or political targets;
- v) a shift in culture to recognise that staff wellbeing is essential to good patient care and the development and implementation of a comprehensive occupational health and wellbeing service for doctors in Northern Ireland.

- 125 **Motion** by MERSEY RJDC: That this meeting recognises the service and sacrifice made by doctors and all NHS staff in response to COVID-19, such as changing role, working more intense rotas or missing training opportunities to provide essential services to patients. We also note the improved wellbeing services introduced by many employers and organisations during the COVID-19 pandemic, to prevent burnout and support their staff through this difficult period. We ask the BMA to lobby employers and other appropriate stakeholders to ensure:-
- i) any wellbeing services improved or introduced during COVID-19 are not lost as 'business as usual' returns;
 - ii) follow up services for staff who need ongoing support post COVID-19 for whatever reason are available and easy to access without delay;
 - iii) a full review of local responses to COVID-19 takes place, so good working practices and improvements identified through COVID-19 are kept and developed for use as 'business as usual' returns.
- 126 **Motion** by SALISBURY DIVISION: That this meeting is concerned about administrative barriers to optimising clinical outcomes and calls for:-
- i) GP referrals for a specialist opinion to be read initially by the clinician to whom they are sent;
 - ii) investigation of administrative errors using a 'no-blame' model widely recommended by safety experts involving all the affected parties to identify any systems changes to reduce the chance of the same administrative errors being repeated;
 - iii) accountability and scrutiny via publication of administrative errors and the steps taken to investigate and address them at least annually.

PART 2 - NATIONAL HEALTH SERVICE

- 127 **Motion** by NORTH WEST SASC: That COVID-19 has had a devastating impact on the healthcare workforce at the frontline of healthcare delivery. We acknowledge the dedication, commitment, service and sacrifices of doctors and healthcare professionals in this time of crisis, particularly those who have paid the ultimate sacrifice with their lives. We demand that the BMA:-
- i) appropriately celebrate their lives;
 - ii) initiate an urgent investigation into the reasons for the disproportionate increase in COVID-related Mortality & Morbidity amongst the Black, Asian and minority ethnic population;
 - iii) believes that institutional racism has once again played a major part in the incidence of disproportionately high mortality amongst Black, Asian and minority ethnic health professionals;
 - iv) initiate a rapid independent (cross-party) investigation into the government's response to this crisis;

v) initiate, cooperatively develop and propagate appropriate Risk Assessment Systems (RAS), to identify and protect those individuals with high risk of developing or being adversely affected by COVID-19;

vi) demand development and application of Quality Assurance systems to ensure consistent and effective application of these risk assessment tools across the NHS.

- 128 **Motion** by ISLINGTON DIVISION: That this meeting welcomes the greener NHS initiative launched in January 2020 by Sir Simon Stevens on behalf of NHS England. From the website it seems that COVID-19 has slowed progress on this important initiative and we call on the BMA to lobby NHS England and government to ensure that sufficient resources are made available both financial and personnel to take this initiative forward rapidly.
- 129 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting believes that risk assessments without consequential appropriate actions are pointless tick-box exercises, and demands that the Secretary of State for Health and Social Care (and the equivalents in the devolved nations) mandate the universal opportunity for pandemic risk assessments of all NHS and social care staff using a standardised tool followed by full implementation of the consequential appropriate actions.
- 130 **Motion** by SHROPSHIRE DIVISION: That this meeting is deeply concerned about the increasing fragmentation of NHS care and the recurrent failures in communication leading to repeated patient safety incidents and workload duplication. This meeting calls on all healthcare regulatory bodies to develop clear guidance and monitoring processes to ensure that effective and timely communication is prioritised and supported.
- 131 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting demands that in order to avoid misleading patients: the title of 'Physician Associate' as used in the UK reverts to 'Physician Assistant' as it was until 2013, and as it is in the US, Canada, Australia and the Netherlands.
- 132 **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
 i) notes the ongoing outsourcing of facilities staff to private companies at NHS Trusts across the country and the recent case study of Imperial College Healthcare NHS Trust where industrial action and negotiations co-ordinated by facilities staff and their union, and supported vocally by doctors, led to the Trust abandoning its policy of outsourcing and bringing these workers in-house as NHS employees;
 ii) recognises outsourcing of this kind often leads to worsening conditions and contract terms for facilities staff;
 iii) calls on the BMA to campaign for facilities staff to be employed in-house in the NHS.
- 133 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the government to adequately resource all DGHs to enable out of hours MRI scanning. Lack of this provision delays treatment care for patients with cauda equina syndrome and contributes significantly to the NHS litigation budget.
- 134 **Motion** by NORTH DEVON DIVISION: That this meeting demands that further reductions in NHS beds should be halted, and investment in NHS staff, training and facilities be prioritised over outsourcing.

- 135 **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting renews its demand that the number of NHS beds are increased in view of the shortage highlighted by the onset of the Coronavirus epidemic.
- 136 **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting encourages a reduction in the constraints placed on clinicians returning to service in the NHS following a career break.
- 137 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting rejects any significant new restructuring of the NHS during a global pandemic, particularly if such restructuring is planned to bring the NHS under closer or direct political control. We demand that:-
- i) there must be detailed and transparent engagement by government with staff groups from across the NHS to ensure that any future restructuring is feasible and acceptable;
 - ii) any restructuring of the NHS must include review of social care;
 - iii) that the BMA should be prepared to establish short life task and finish groups to establish how we would:
 - a) ensure we are representing the views of the medical profession over any significant restructuring,
 - b) ensure that we are able to respond rapidly and robustly to any proposed changes.
- 138 **Motion** by CAMBRIDGE MEDICAL SCHOOL: That this meeting would provide private pharmaceutical companies free-of-access charge to anonymised medical NHS records in exchange for lower prices.
- 139 **Motion** by TOWER HAMLETS DIVISION: Health workers on the ground have worked flat out during the COVID-19 crisis and shown that they can run the health service very well, under the most difficult of circumstances. At the same time, the Government, the DHSC and PHE floundered, failing to deliver effective or supportive leadership and wasted taxpayer's money on ineffective contracts. That this meeting:-
- i) calls on the BMA to insist that doctors will not accept the return to the previous conditions of micromanagement and central control once the pandemic is over;
 - ii) urges the BMA to work with patients and other health service unions to take collective control of our own destiny and restore the NHS to a comprehensive, publicly run service, adequately funded for the needs of the population;
 - iii) insists that health is about so much more than the health service and that the BMA must lobby government robustly and repeatedly to equalise the social determinants of health.
- 140 **Motion** by CC CONFERENCE AGENDA COMMITTEE: That this meeting calls upon the departments of health and social care in all parts of the United Kingdom to:-
- i) urgently outline detailed and costed plans to increase the support and funding of mental health services, social services and the voluntary sector to manage the surge in presentations from those affected by the pandemic and the subsequent recession;
 - ii) to protect the recently increased clinical autonomy for professionals and relaxation of bureaucratic barriers that have allowed innovation and improvements in care processes.

PART 2 - MEDICINE AND GOVERNMENT

- 141 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting reaffirms our concerns over Brexit, in particular with regards to medicines supply and regulation, loss of freedom of movement of NHS staff, threat to pension rights, and access to healthcare across Europe.
- 142 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned that a further peak of COVID-19 infection may occur at the same time as the Brexit transition period ends and that:-
- i) a departure from the single market and customs union will seriously threaten supply chains particularly in pharmaceuticals, medical devices and protective equipment and the NHS staffing shortage will be greatly exacerbated unless the problems of EU citizens' rights have been effectively resolved;
 - ii) a departure from EU procurement arrangements and from Euratom could result in severe shortages of medical products and nuclear isotopes;
 - iii) the government has failed to make arrangements to replace the work previously done by UK membership of The European Medicines Agency;
 - iv) medical research, including into COVID-19 and the production of appropriate vaccines, requires international collaboration, which will be severely damaged by the absence of the necessary structures;
 - v) It therefore insists that the government take all necessary steps to avoid a no deal departure from the institutions of the European Union.
- 143 **Motion** by SCOTTISH COUNCIL: That this meeting is concerned at the lack of progress made by the UK government in reaching a sufficiently comprehensive deal with the European Union ahead of the end of the Transition Period on the 1st of January 2021. This meeting recognises the positive impact the work of the BMA with European Medical Organisations has had on relations with the European Union and its constituent nations and the benefit this has to UK Doctors. This meeting calls on the BMA to:-
- i) maintain continuity of BMA presence in Brussels;
 - ii) continue its membership of European Medical Organisations;
 - iii) make any efforts deemed necessary and appropriate to support arrangements which are to the benefit of doctors working in the UK and to limit any detriment to them.
- 144 **Motion** by ISLINGTON DIVISION: This meeting notes the disturbing findings of the report of the Independent Medicines and Medical Devices Safety Review: First do No Harm. We thank the Secretary of State for promptly issuing an apology to those patients who have suffered harm. We ask the BMA to:-
- i) issue an apology to those patients who suffered and whose voices were ignored by the health care system (including doctors) on behalf of members of the BMA, who deplore the evidence of poor practice by a minority of doctors;
 - ii) lobby the government to act on all the recommendations to prevent further harm to patients.

PART 2 - PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL

- 145 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is not surprised that the CQC:-
- i) has failed to provide any constructive support to GP practices or care homes during the COVID-19 pandemic;
 - ii) as the 'pandemic surge' was easing, contacted GP practices 'requesting' participation in a "supporting phone call" based around an extensive, and time consuming to complete, CQC inspection type document;
 - iii) when asked by GPs whom it had contacted as to what support the CQC could offer had no response;
 - iv) in the opinion of the profession still needs to be abolished.
- 146 **Motion** by SHEFFIELD DIVISION: That this meeting believes that in order to maintain and enhance the trust the public has in the medical profession, all GMC registered doctors and medical students should have their declarations of interests published in the public domain.

PART 2 - MEDICAL ETHICS

- 147 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting:-
- i) notes the overwhelming evidence from Geoffrey Nice QC's commission;
 - ii) deplores the forced organ harvesting from prisoners of conscience;
 - iii) calls on World Health Organisation to condemn the practice and classify it as a crime;
 - iv) calls on the government to make private transplantation abroad an offence for any British passport holder;
 - v) calls on the Home Office and the GMC to work together to provide sanctuary for transplant surgeons seeking asylum as conscientious objectors to the practice of organ harvesting from prisoners.

PART 2 - SCIENCE, HEALTH AND SOCIETY

- 148 **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
- i) is appalled by the findings of the 2020 Marmot report, 'Health Equity in England: The Marmot Review 10 Years On', which showed that for the first time since 1900, life expectancy in the UK has stalled;
 - ii) deplores that those groups who already have the worst health outcomes have been most adversely affected;
 - iii) calls on the government to urgently implement the full recommendations of the report, particularly the need to make addressing health inequalities a national priority, to focus on improving the social determinants of health, and to increase public expenditure on preventative services with a focus on priority regions.
- 149 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes the recent corona virus pandemic has totally laid bare unjust and unfair health inequalities and demands:-

i) government recognises and enacts upon the recent findings of the Marmot Review which showed that in the last decade of austerity life expectancy has stalled in poorer communities with widening health inequalities;

ii) further details of necessary government action must now be made as a matter of urgency;

iii) council, having submitted a response to the government green paper, actively lobbies government to now urgently introduce a white paper on prevention which targets lengthening lives, improving peoples' quality of life and crucially ensuring that nobody in society is left behind.

- 150 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting acknowledges that the COVID-19 pandemic will exacerbate existing health inequalities across the UK population and acknowledges the recommendations in the "Health Equity in England: The Marmot Review 10 years on" document, and we call on the BMA to lobby:-
- i) the English government to immediately begin work to enact the recommendations outlined in this document;
- ii) devolved governments to enact similar recommendations in their respective countries;
- iii) all UK governments to cease the practice of commissioning further reviews into health inequality until all these current recommendations have been enacted.
- 151 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting notes the growing evidence that COVID-19 has exposed and exacerbated pre-existing health inequalities and that the need for health literacy has become ever more vital. The persistent health inequalities in Northern Ireland, recognises health literacy as a key way of tackling health inequalities and urges the Northern Ireland Assembly to act on the recommendations of the WHO and build the foundations for health literacy in early child development, develop and support health-promoting schools approaches, address the barriers to adult learning, explore new learning approaches for health and well-being and invest in measurement of health literacy including annual questions in the Northern Ireland health survey.
- 152 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting reaffirms the recent WHO statement that measles is one of the biggest global threats to world health, and that:-
- i) the BMA condemns misleading and dangerous information regarding vaccinations;
- ii) Public Health England should write to all children and adults who have missed vaccinations to advise them that they are at risk of preventable, but potentially deadly and life-changing diseases;
- iii) the BMA should consider whether vaccinations should be mandatory for children who have no contra-indications for vaccination;
- iv) the BMA should consider whether failure to ensure that a child is appropriately vaccinated is recognised as a safeguarding concern.
- 153 **Motion** by LOTHIAN DIVISION: That this meeting conference is aware of a growing crisis in healthcare provision for homeless people as highlighted in the 2019 BMA report 'Streets of Shame', and calls upon UK governments to recognise that the response to this crisis requires radical change in housing, welfare and support services.

- 154 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recognises the beneficial impact that lockdown has had on climate change as well as the BMA's significant work on sustainability but remains concerned that climate change is a particular threat to vulnerable patients and calls upon the BMA to better equip and educate doctors on how to help make their workplaces become more sustainable by:-
- i) providing a non-clinical masterclass day and webinars on how to help NHS workplaces become more sustainable;
 - ii) update the BMA webpage on Air Pollution and Climate Change in Your Healthcare Setting;
 - iii) provide a toolkit for making specific changes such as recycling and reducing carbon footprint;
 - iv) persuade NHS employers to support doctors with green initiatives;
 - v) promoting continued online meetings and working and other initiatives that provide positive environmental impacts.
- 155 **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes that the UK (and the planet) is facing a climate emergency. If action is not taken, there will be serious adverse effects on the health of the population. We request that the government makes it obligatory for all NHS organisations and all Local Authorities to publish comprehensive environment and health sustainability plans. These plans would be timetabled and monitorable with the aim of moving towards carbon neutrality for their organisation and the populations they serve with a target date of 2035.
- 156 **Motion** by TOWER HAMLETS DIVISION: That this meeting notes the negative impact on the health of climate change and air pollution and that this disproportionately affects the most disadvantaged people in our communities who have just been hardest hit by the coronavirus pandemic.
- As part of the BMA's response to the Climate Emergency and to reduce health inequalities conference calls on the BMA to lobby government to radically overhaul the current transport system and:-
- i) demand a free, reliable and comprehensive public transport system throughout the UK;
 - ii) promote active transport with significant increases of funding for appropriate infrastructure;
 - iii) work with our close European neighbours to:-
 - (a) discourage short haul flights and
 - (b) invest in the provision of extensive and affordable railways.
 - iv) conference calls on the BMA to divest from fossil fuels.
- 157 **Motion** by SOUTH DEVON DIVISION: That this meeting calls on the BMA Board of Science to report on the nature and rationale of Reiki, Johrei and other 'energy medicine' modalities as used by some NHS institutions. Such a report should initiate a wider national discussion on the cost-effectiveness of these modalities; whether patients give fully informed consent to their use or are misled; the extent to which these powerful 'energies' might cause harm; the extent to which NHS institutions comply with relevant regulations for the introduction of innovative treatment; and how the use of these modalities might reasonably be rationed, if used at all.

- 158 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the work the BMA has done towards sustainability, divesting into fossil fuels and declaring a climate emergency. This meeting calls on the BMA:-
- i) to lobby the relevant bodies to declare a climate emergency within the NHS;
 - ii) to lobby the GMC and Medical Royal Colleges to declare their own climate emergency;
 - iii) to lobby the GMC and Medical Royal Colleges to divest from fossil fuels at the earliest opportunity;
 - iv) to lobby the GMC and Medical Royal Colleges to form sustainability steering groups to allow a faster transition to a carbon zero health care system;
 - v) to lobby the GMC and Medical Royal Colleges to incorporate sustainability and climate change into all medical curricula.

PART 2 - PUBLIC HEALTH MEDICINE

- 159 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting believes the government in Westminster has failed to put the health of the population first, provided conflicting and confusing public health messages and both imposed lockdown too late and lifted too early. We call on government to:-
- i) ensure immediate and future planning incorporates the establishment of comprehensive disease surveillance with robust contact tracing;
 - ii) restore local and regional Public Health to the NHS, with ringfenced funding.
- 160 **Motion** by PUBLIC HEALTH MEDICINE COMMITTEE: That this meeting believes that the COVID-19 pandemic has indicated that public health is a key element of a national health service but that the pandemic demonstrated weaknesses in the public health system, especially in England and that it is clear that the response to the pandemic was impeded by the cuts to public health funding both centrally and locally. This meeting therefore, calls for:-
- i) an immediate increase in ring-fenced funding for public health, restoring the cuts experienced since 2012/13 in England, amounting to a recurrent increase of at least £1 billion;
 - ii) a new integrated health system for England, within which public health is a key component with clear roles and relationships;
 - iii) Local authority public health to include dedicated healthcare public health capacity which can provide health commissioning advice to their CCG;
 - iv) public health and primary care to work together to create local neighbourhood public health teams.
- 161 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes the pandemic has indicated the importance of public health to our national health. However, it is clear that the response to the pandemic was impeded by the cuts to public health funding which adversely affected public health staffing and preparedness. This meeting calls for an immediate increase in ring fenced funding for public health, restoring the cuts experienced since 2012/13 in England. A recurrent increase of at least £1 billion is required.

- 162 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is appalled by the management of the NHS Test, Track and Trace system:-
- i) which must be underpinned by a comprehensive testing programme providing rapid (24 hour max) and reliable results, and is not currently happening;
 - ii) which wasted an unacceptable amount of time and money on a failed UK only phone app;
 - iii) and condemns the government for awarding the contract to a company with a proven record of failure in delivering national contracts;
 - iv) which failed to prioritise the expansion of established local public health testing and contact tracing teams;
 - v) and insists that government recognise that local public health teams are much more effective and must therefore develop fund them appropriately;
- and insists that government recognise that local public health teams are much more effective and fund them appropriately.
- 163 **Motion** by ISLINGTON DIVISION: That this meeting deplores the underfunding of local public health departments and the huge amounts of public money given (without open competitive tendering) to the private sector to run testing stations and track and trace systems with little or no experience in these fields. We call on the BMA to lobby government to put this money back into Public Health England.
- 164 **Motion** by PUBLIC HEALTH MEDICINE COMMITTEE: That this meeting is very concerned that members employed by Public Health England (PHE) receive information (such as that contained in PHE COVID-19 situation reports) that would be of value to their local NHS and local government partners or to the wider profession, which they are expressly forbidden from sharing. That this meeting believes that:-
- i) it is in the public interest for such information to be shared with relevant parties to improve outbreak control;
 - ii) this practice presents an ethical dilemma for doctors employed by PHE; to do what they believe to be in the best interest of the public they serve in line with GMC "Good Medical Practice," or to withhold information as demanded by their employer;
 - iii) information gathered by public bodies, such as PHE, which is of value to the public, should only be withheld where there are genuine issues of patient confidentiality.
- This meeting, therefore, calls on the BMA to lobby for legislation to require doctors to publish public health information where this is in the public interest and does not breach patient confidentiality.
- 165 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting has no confidence in Public Health England while it is controlled by politicians and their advisors:-
- i) because of its failure to insist that WHO recommendations for PPE were used for the relevant COVID-19 exposure risk, but instead reduced the level of PPE protection recommended to conform with the PPE the government had available;
 - ii) because of its belated recommendation of individual staff risk assessments and failure to ensure enhanced protection for Black, Asian and minority ethnic health care workers once there was evidence of their personal increased risk;
 - iii) because of its inexplicable delay in accepting offers from NHS, University and authorised private laboratories to undertake COVID-19 antigen testing;

iv) because of the unacceptable delay in developing a locality based test, track and trace service, which should have commenced as soon as the national programme was abandoned in March;
v) and demands that all public health functions are reintegrated into the NHS forthwith.

- 166 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting has no confidence in Public Health England while it is controlled by politicians and their advisors:-
i) because of its failure to insist that WHO recommendations for PPE were used for the relevant COVID-19 exposure risk, but instead reduced the level of PPE protection to conform with the PPE the government had available;
ii) because of its belated recommendation of individual staff risk assessments and failure to ensure enhanced protection for Black, Asian and minority ethnic health care workers once there was evidence of their personal increased risk;
iii) because of its inexplicable delay in accepting offers from NHS, University, and authorised private laboratories to undertake COVID-19 antigen testing;
iv) because of the unacceptable delay in developing a locality-based test, track & trace service, which should have commenced as soon as the national programme was abandoned in March;
v) and demands that all public health functions are reintegrated into the NHS forthwith.

- 167 **Motion** by CARDIFF MEDICAL SCHOOL: That this meeting notes the growing popularity of smoking shisha (also known as hookah) in the UK, particularly amongst the youth. Shisha is often used to smoke flavoured tobacco which has significantly negative health effects such as an increased risk of heart disease, cancer and chronic obstructive pulmonary disease, yet in shisha bars, there are often no health warnings given to those who smoke this form of tobacco. There is less awareness of its dangers when compared to other forms of smoking tobacco. This meeting calls for the BMA to:-
i) campaign to increase the awareness of the dangers of smoking shisha amongst the public, healthcare professionals and medical students;
ii) lobby for shisha smoking to be included in public health anti-smoking campaigns;
iii) acknowledge the occupational health risk posed to shisha bar workers who are exposed to second-hand smoke and are frequently expected to test the shisha by smoking it before handing it to customers.

PART 2 - COMMUNITY AND MENTAL HEALTH

- 168 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting deplores the insecurity and neglect which too many residents have suffered in adult care homes, recognising the legal requirement for people's human rights to be respected and protected, and asks the BMA to lobby the government to:-
i) 'fix the crisis' urgently, as promised by the current government;
ii) create a new, national social care service;
iii) provide fully funded social care for all.

- 169 **Motion** by SALISBURY DIVISION: That this meeting is seriously concerned where carers rights have been overlooked in the COVID-19 pandemic and calls for renewed compassion towards carers:-
- i) that allows for an informed choice by carers of their own risks and minimising risk of spread, with an aim to minimise distress to vulnerable patients and their carers;
 - ii) and calls for the BMA to condemn the blanket interpretation of policies that informal carers from accompanying vulnerable individuals and publicise enabling examples of good practice;
 - iii) and asserts our support of charities enabling carers to represent the vulnerable where the person they care for would experience distress without them;
 - iv) and asks the BMA to work with patient representatives to facilitate compassionate care by relatives of adults and children during the pandemic in care homes and hospitals.
- 170 **Motion** by SHROPSHIRE DIVISION: That this meeting notes that one of the major causes of avoidable hospital admissions and inability to discharge patients safely back to their home environment is the widespread lack of home care. This meeting:-
- i) notes that home carers have traditionally been devalued and are often paid at minimum wage;
 - ii) condemns as irresponsible government proposals to introduce an immigrant salary threshold for non-UK citizens to be allowed to stay in the UK after we leave the European Union which will only exacerbate what is already a crisis.
- 171 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that improving the health and social care of the frail elderly at home will raise the quality of care and substantially reduce the overall cost of later-life care for millions of older people and notes:-
- i) that the care of older people is the main task and a dominant cost for both the health and social care services;
 - ii) that the separation of health from social care complicates, fragments and inflates costs of care – and wastes money on an epic scale;
 - iii) that current practice results in unnecessarily high incidence and duration of less preferable and more expensive care away from home: in both acute hospital and care home settings;
 - iv) that care is currently determined more by local service structure than by individual patient’s needs: in an indefensible postcode lottery;
 - v) that “Looking after older people well is cheaper than looking after them badly” and “The best way to keep your home is to live in it”;
 - vi) that reform would be welcomed by patients and their families; by local integrated teams; by community and acute health services; and – at national level – as the delivery of better care at lower cost.
- 172 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the gross underfunding, increasing pressure and insufficient resources in Child and Adolescent Mental Health Services (CAMHS), despite political lip-service paid to ‘parity of esteem’ and believes children should be the priority for mental health treatment and calls on the BMA to:-
- i) urgently lobby for additional funding and resources to support these services;

- ii) highlight the perverse policies in this area that mean many young people with less severe – but still serious nonetheless – issues are not getting access to the specialist care their GP believes they need, or are having to wait until their condition worsens before they are seen by a specialist;
- iii) work with regional councils to launch regional campaigns to address these issues.

- 173 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting reaffirms the fact that all children deserve access to a safe environment and high-quality health and social care and that:-
- i) care homes are nationalised in order to achieve and maintain a national standard of residential care;
 - ii) care home staff are subject to NHS appraisal processes and terms and conditions;
 - iii) home-based social health and care should be provided by NHS organisations;
 - iv) there is an increase in provision of residential care beds, so that children in need of supported accommodation or inpatient mental health care are not faced with travelling long distances or unnecessary delays in receiving the care that they require;
 - v) the government must adequately fund secondary care tertiary-level eating disorder services;
 - vi) greater support and recognition for the carers' charter and ethical care charter;
 - vii) meaningful change is urgently implemented to avoid repeat of the cruel and inhumane treatment experienced by vulnerable residents at Whorlton Hall.
- 174 **Motion** by NORTH EAST REGIONAL COUNCIL: Adverse childhood experiences (ACEs) have profound negative effects on physical and mental health. Recent Office for National Statistics reports highlight one in five adults in England and Wales experienced abuse before aged 16 years old, and that nearly 75% of children on the child protection register reside in households where domestic abuse occurs. Failure to recognise and tackle these issues contributes to their continuation into the next generation. That this meeting calls for:-
- i) promotion of regularly updated adult and child safeguarding training to be provided for all health and social care practitioners and students;
 - ii) increased provision of safe houses for survivors of domestic abuse, their children, and their pets;
 - iii) integrative care pathways to be in place to support children exposed to early life adversity transitioning into adulthood;
 - iv) a 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;
 - v) increased teaching in schools, so that children are aware of the signs of domestic abuse, exploitation, and grooming, and that they can safely report concerns to teachers, health and social care professionals, and the police.
- 175 **Motion** by SHEFFIELD DIVISION: That this meeting instructs the BMA to lobby the Government so that there should be parity of access to counselling and support services for victims of rape or abuse, for people of all genders.
- 176 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls for greater provision for Rehabilitation services. Lack of these beds leads to poor recovery for patients, delayed discharges and bed blocking in acute hospitals.

PART 2 - INTERNATIONAL

- 177 **Motion** by LINCOLN DIVISION: That this meeting believes it is outrageous that key workers in the United Kingdom should pay the Health Surcharge and visa costs. We call on the BMA to lobby the government to completely abolish such fees for all key workers.
- 178 **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
 i) is opposed to an “Australian style points based system” to allow migrants to enter the UK;
 ii) believes that such a system discriminates against lower paid migrant health workers on whom the NHS has traditionally relied and to whom we are indebted more than ever during the COVID-19 pandemic.
- 179 **Motion** by LOTHIAN DIVISION: That this meeting believes that the COVID crisis highlights the importance of effective health services and a peaceful environment for the genuine security of nations and populations. The BMA fully supports the work of the WHO in combating the pandemic and notes the call from UN Secretary General Antonio Guterres for international co-operation and a global ceasefire. ("The fury of the virus illustrates the folly of war", 23rd March, 2020). In this context, the BMA calls on the UK government to re-assess its support for weapons' exports to areas of actual or potential conflict, and, given that the vast sums being spent on the Trident nuclear weapons programme are desperately needed to respond to the climate crisis and to tackle social injustice and health inequalities, affirms its opposition to nuclear weapons.
- 180 **Motion** by SHEFFIELD DIVISION: That this meeting, recognising that our patients' mental health can be adversely affected by complex immigration requirements, resulting in uncertainty and limitations on their ability to work, calls on the BMA to lobby the government:-
 i) to create systems which can be explained simply and provide the necessary information to patients;
 ii) in conjunction with Citizen's Advice, to develop a service that health professionals can refer to for information;
 iii) to provide adequate funding for Citizen's Advice Bureaux.

PART 2 - TRAINING AND EDUCATION

- 181 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting, recognising the impact that the COVID-19 pandemic has had on junior doctors, expects:-
 i) the governments, via the NHS, to provide free psychological and emotional support for all NHS staff, locally or independent of their employer;
 ii) that HEE (Health Education England) and NHS Scotland should support more study leave to ensure that junior doctors can catch up on their training;
 iii) that HEE and NHS Scotland should give all doctors in training the opportunity to review their learning needs and even to change their trainee programme;
 iv) that extra examination opportunities will be arranged for trainee doctors to obtain their post-graduate qualifications.

- 182 **Motion** by ISLINGTON DIVISION: Trainees who require extra training due to the COVID-19 have not been guaranteed funding, or given additional training time not taking out of the usual extension allowance:-
 i) we ask the BMA to lobby the government to ensure that all trainees who need extensions to training related to COVID-19 are fully funded;
 ii) we ask all training time extensions related to COVID-19 is in addition to any other extension allowances currently stipulated in the training programme.
- 183 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting acknowledges the negative impact on junior doctor training that the COVID-19 pandemic has had, and acknowledges the calls from the royal colleges to make up any missed competencies from the 19/20 academic session, in the 20/21 session, to achieve this we call on the BMA to lobby relevant health education bodies to:-
 i) ensure all Trusts are providing protected teaching time in individual junior doctor training rotas;
 ii) ensure all Trusts are providing protected self-directed learning (SDL) time in individual junior doctor training rotas;
 iii) audit all Trusts to ensure adequate protected teaching & SDL time is being provided to trainees and where Trusts have failed to provide this, enforce it by instructing those Trusts to provide TOIL to trainees.
- 184 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting recognises the sacrifices made by doctors in training pathways to meet the demands of the COVID-19 pandemic. We demand that the BMA actively seek:-
 i) appropriate compensation for work undertaken outwith normal rotas for pandemic purposes (including pay for annual leave not able to be taken);
 ii) personalised solutions for trainees who have missed out on needed or desired training experience;
 iii) no career or pay-related detriment to trainees of COVID-19 redeployment now or in the future.
- 185 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is concerned about the short and long term effects of COVID-19 pandemic on medical training:-
 i) in particular the long-term adverse impact on trainees mental health due to the exceptional and at times traumatic circumstances they may have experienced while caring for patients suffering from COVID-19;
 ii) with hospital capacity reduced to less than half normal, resulting in far less opportunity to develop clinical expertise;
 iii) as the funding of hospitals could be significantly reduced as the formula is based on activity which may make some specialties non viable;
 iv) as there have been no proposals released as to how doctors in training, who have been redeployed to other departments during the pandemic, will catch up on their missed training;
 v) and instructs BMA to work with the Colleges and GMC to expedite a satisfactory outcome for the trainees.

- 186 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the difficulty that many junior doctors face in accessing educational activities due to rota gaps. It calls upon the BMA to:-
- i) work with relevant organisations to raise awareness of educational exception reporting (or similar mechanisms in the devolved nations);
 - ii) lobby education bodies to collect data on this issue;
 - iii) assert that all rotas should include headroom to allow access to all contractual study leave.
- 187 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the value of good quality educational supervision but the challenges in time and resource of providing this. We call on the BMA to lobby relevant bodies to:-
- i) review training of educational supervisors to include aspects of coaching and mentorship;
 - ii) improve accountability of supervisors in demonstrating the impact of the work they've done;
 - iii) extend reporting mechanisms to educational supervisors so that insufficient allocation of time for the work needed is more easily identified;
 - iv) incorporate feedback from trainees about their experiences with educational supervisors to be reviewed as a part of the supervisor's appraisal.
- 188 **Motion** by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to lobby all the Royal Colleges to offer deferred entry to speciality training programmes, for up to one year.
- 189 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises that high service pressures may limit access to leadership opportunities. We therefore call on the BMA to:-
- i) publicly recognise leadership is work;
 - ii) lobby relevant organisations to recognise the value of and allocate time for leadership development.

PART 2 - CLINICAL AND PRESCRIBING

- 190 **Motion** by NORTH DEVON DIVISION: That this meeting emphasises the importance of clinical assessment as the most effective and efficient means of assessing a patient's symptoms, especially the significance of atypical symptoms.

PART 2 - WALES

- 191 **Motion** by NORTH WEST WALES DIVISION: That this meeting asks the BMA to support the continuation of Staff Wellbeing Support Centres which have been successful in supporting staff in North Wales over the last three months, continuation of these centres is in jeopardy despite the ongoing need for staff support.

PART 2 - NORTHERN IRELAND

- 192 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting calls on the Minister of Health in Northern Ireland to ensure that the implementation of the Rebuilding Health and Social Care Strategic Framework is a co-production with the health professions.
- 193 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting is dismayed that the Northern Ireland Department of Health in Northern Ireland seems to be unable to get in place the necessary processes to ensure that the annual pay uplift is paid within the year in which it is due and not have the shambles that occurred in that doctors in Northern Ireland only received their 2019-20 pay uplift in July 2020.

PART 2 - SCOTLAND

- 194 **Motion** by INVERNESS DIVISION: That this meeting welcomes Scotland's new independent national whistleblowing officer (INWO) and:-
- i) laments the ongoing bullying of doctors in the NHS despite John Sturrock QC's review of culture in NHS Highland in 2019;
 - ii) commends the professionalism of the doctors in NHS Greater Glasgow and Clyde who whistleblow about infection control and contaminated water;
 - iii) welcomes the Review Report of the Queen Elizabeth University Hospital Review;
 - iv) demands stronger actions from the BMA and governments that will prevent whistleblowers suffering detriment.

PART 2 - JUNIOR DOCTORS

- 195 **Motion** by JUNIOR MEMBERS FORUM: That this meeting acknowledges the significant amount of 'extra' work completed by junior doctors in audit, research, teaching and other professional activities. We call on the BMA to lobby relevant bodies for the inclusion of specific allocated time on a weekly basis for these tasks within rostering practices for junior doctors of all grades.
- 196 **Motion** by LOTHIAN DIVISION: That this meeting insists that:-
- i) when rotas fail monitoring that junior doctors should receive prompt payment resulting from upbanding;
 - ii) if this is not forthcoming, they should receive all possible support from the BMA both to receive payment and to ensure that future rotas are compliant; and to this end;
 - iii) undertakes to survey junior doctors about whether monitoring procedures are being followed and payments have been received in cases of non-compliance.

PART 2 - GENERAL PRACTICE

- 197 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting calls on all general practice employers to include salaried GPs in discussions regarding proposed changes in their job plans especially during the COVID-19 pandemic.
- 198 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is concerned at the impact that Integrated Care Provider (ICP) contracts will have on general practice and primary care networks and demands that:-
 i) their introduction is paused for further discussion on their impact;
 ii) all local practices should be involved in any discussions regarding the introduction of an ICP contract and have the power of veto before plans are submitted to NHS England;
 iii) practices should not be financially disadvantaged by declining a voluntary ICP contract.
- 199 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that primary care networks are not fit for purpose, unnecessarily remove clinical directors from patient care, do not address workforce issues and calls on the BMA to renegotiate a new contract.

PART 2 - CONSULTANTS

- 200 **Motion** by NORTH WEST REGIONAL COUNCIL: Evidence from international private health markets emerging from the pandemic, such as Asia and Australia, indicate that virtual clinics will continue for about half of outpatient consultations for at least one year. Clinics will be at reduced capacity for face-to-face work, due to the importance of infection control measures and social distancing. This meeting is uneasy to learn that some private medical insurers have proposed that consultants should earn less for virtual consultations than face-to-face consultations and calls upon the BMA to take a robust stand:-
 i) to ensure that doctors receive adequate reimbursement for the increased duration of virtual vs face-to-face consultations from private medical insurers particularly (but also extrapolated to the NHS);
 ii) to ensure that private medical insurers understand that virtual consultations are more difficult than face-to-face consultations particularly regarding diagnosis, and;
 iii) ensure that there is appropriate time allowance in the NHS, and reimbursement in the private sector, for the doctors who will be undertaking these virtual consultations, and;
 iv) all doctors undertaking virtual consultations have adequate facilities for ongoing safe care of those doctors' patients and processes (particularly clear, well focussed images and virtual prescribing).

PART 2 - MEDICAL STUDENTS

- 201 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is dismayed at university inaction regarding the depression and suicide epidemics which permeate our profession and calls upon the BMA to:-
- i) lobby all medical schools to provide all students with a tutor with a purely pastoral role for the duration of their degree. Formal suicide awareness and mental awareness training should be mandatory for these tutors;
 - ii) identify medical schools at which wellbeing and professionalism staff do not operate in separate departments, and lobby these departments to separate;
 - iii) lobby all medical schools produce annual reports on their actions to improve mental wellbeing provision for medical students;
 - iv) conduct a national survey of wellbeing interventions medical schools have put in place and how complaints from medical students about wellbeing support services are handled.
- 202 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes with great dismay the poor mental health, high rates of suicide and increasing levels of burnout of many of our medical students and calls on the BMA to:-
- i) gather data on student suicides;
 - ii) work with medical schools to improve support for students;
 - iii) promote teaching and training from medical school onwards on personality types, self-recognition and dynamic self-awareness.
- 203 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that the government should take steps to prepare a standardised set of exam regulations for UK medical schools to adhere to, in the event of a similar crisis. This will ensure that students are aware of how to approach their examinations and level the playing field during foundation year applications.

PART 2 - PRIVATE PRACTICE

- 204 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is disappointed to learn that the British Medical Association were not informed of the government's decision to bail out the private medical sector in April 2020 during the coronavirus pandemic and calls upon the government and the BMA to ensure:-
- i) that as the official trade union for doctors, this meeting insists that the BMA is always included in any possible national contracts negotiations that may affect their members' livelihoods;
 - ii) that the private practice committee becomes a full branch of practice committee, with the accompanying rights and responsibilities, to properly support their members in fighting for a robust private sector;
 - iii) that due retribution/redistribution of a fair percentage of money awarded to the private hospital sector is fairly distributed amongst those doctors who lost income when the private hospitals removed their room facilities and ability to continue to work.

- 205 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is extremely concerned that the private hospitals agreed a contract with the Government in the first wave of the coronavirus pandemic that allowed for minimal ongoing care for private patients. This is particularly concerning since private patients are no different to NHS patients in their disease complexity, potentially dangerous medication and need for ongoing senior medical input. On the day this contract was rolled out, no arrangements had been made for continuing medical care of private patients already being treated in said hospitals. This meeting notes this dangerous care deficit and insists that:-
- i) the private hospital sector acknowledges that they have a duty of care to manage their private patients and must ensure robust processes for ongoing care for said private patients, in partnership with their hospital doctors;
 - ii) the private hospital sector be lobbied to provide adequate support for their hospital consultants, including the necessary processes, facilities and staffing to provide healthcare, as without them they would have no business.

PART 2 - MEDICAL ACADEMIC STAFF

- 206 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes that during the COVID-19 pandemic clinical academics have interrupted their academic work to make a significant contribution to the clinical care provided during the pandemic and that the serious disruption to academic work is unevenly distributed, with women academics being more adversely affected overall. This meeting further notes that clinical academics are particularly at risk of pay cuts, reduced hours and redundancy because of the additional pressures of clinical work and the damaging financial impact COVID-19 has had on the UK's universities. This meeting, therefore, calls on funding bodies and employers to:-
- i) acknowledge the disproportionate impact of COVID-19 on productivity on some sectors of the academic community;
 - ii) recognise the added effect that disruption to support and care networks will have had on academic productivity; and
 - iii) take these factors into consideration when awarding funding or appointing to jobs.
- 207 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes that:-
- i) the COVID-19 pandemic has highlighted the importance of a robust clinical research infrastructure;
 - ii) the UK can be proud of the research achievements of the NHS.
- This meeting believes that:
- i) these achievements would not have been possible if it were not for the close collaboration between clinical academics and the myriad of front-line clinicians who recruited patients to studies while working under considerable duress;
 - ii) as we move away from the pandemic spike and the NHS returns to 'normal service', the capacity of the NHS to support high quality research must be protected and reinforced and that this requires the active support of NHS employers.
- Conferences therefore calls for NHS employers to ensure that job planning and work scheduling includes protected time to participate in research as part of both direct clinical care and supporting professional activities.

PART 2 - STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS

208 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is disappointed at the continuing lack of recognition for SAS grade doctors and calls for the BMA to negotiate a new contract that includes fair pay and improved terms as well as sustainable working patterns and safeguards that adequately protect all SAS doctors from working excessive antisocial hours.

209 **Motion** by WELSH SASC: That this meeting calls on all employer organisations in England, Northern Ireland and Wales to ensure that the new to-be-reformed SAS contracts are open to all suitably qualified doctors, regardless of their specialty.

PART 2 - FINANCES OF THE ASSOCIATION

210 **Motion** by NEWCASTLE MEDICAL SCHOOL: That this meeting calls on the BMA to scrap membership fees for medical students and make membership completely free throughout medical school as it is in first year.

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