

## RECOMMENDATIONS FOR POLICIES WHICH SHOULD MOVE FROM THE ACTIVE POLICY BOOK INTO THE EXPIRED POLICY ARCHIVED BOOK

The policies in this document were agreed five years ago and council have assessed them to be either overtaken by more current policy decisions on the same matters, overtaken by the passage of time, or other reason as detailed against each recommendation.

The chair will indicate during the meeting where policy made at this 2019 ARM would lead to other (current) policies being recommended to be “lapsed” by the 2020 Representative Body. The policy numbers relate to the [BMA policy book 2019-2020](#).

(The date in brackets is the year in which the policy was made by the annual representative meeting)

### DECISIONS TO BE TAKEN BY THE BMA’S REPRESENTATIVE BODY 2020 TO LAPSE 2015 POLICIES

Policy No	BMA, STRUCTURE AND FUNCTION	
104	That this meeting believes that the Government’s trade unions bill will make it illegal to hold strike action unless there is at least 50% turnout and 40% or more of the people eligible to vote back such an action. We call on the BMA to strongly oppose this legislation and lobby to prevent it passing into law. (2015) <i>Legislation has passed, we did oppose it, but it is now law and we’ve held IA under its terms.</i>	LAPSE
158	That this meeting calls for a review of the structure and function of the BMA council to include accountability, membership and voting rights. (2015) <i>New restructured UK Council elected in 2018 following a review.</i>	LAPSE
204	That this meeting calls for the same travel expense policies to apply across all BMA branches of practice. (2015) <i>This was implemented and all BoP get the same level of expenses.</i>	LAPSE
<b>BRITISH MEDICAL JOURNAL</b>		
227	That this meeting understands that the BMJ is exploring how retired doctors could put their skills and experience to good use, and therefore proposes the establishment of a database of members able and willing to read and comment on published articles and journals. (2015) <i>This was an idea proposed by a retired member. However, we have not found an obvious use for input from retired members. I don't know whether a database has been formed - that would have been down to the proposer of the motion I expect.</i>  <i>I would be happy to this to lapse through lack of a purpose from the point of view of BMJ and (I presume) lack of interest from the retired members.</i>	LAPSE
<b>CHILD ABUSE/PROTECTION</b>		
241	That this Meeting notes the recommendations of the Care Quality Commission report 2009, which highlights the need for NHS bodies to assure the training of their staff in child safeguarding, and calls on the UK Health Departments to confirm: (i) that all commissioning bodies have responsibility for providing protected funding for child protection training;	RETAIN stem and parts i, ii, and iii, LAPSE - part iv



	<ul style="list-style-type: none"> <li>(ii) that named and designated doctors' job descriptions should include protected time for training staff within their organisation;</li> <li>(iii) that competence levels and training needs are not always the same across different medical specialties;</li> <li>(iv) that Local Safeguarding Children Boards (or equivalent) must make engagement with paediatricians, general practitioners and patients a high priority for 2010-11.</li> </ul>	
	<b>GENERAL PRACTICE</b>	
<b>607</b>	<p>That this meeting accepts that there has been repeated disinvestment in General Practice with increasing numbers of practices now threatened with closure by recent funding changes and:-</p> <ul style="list-style-type: none"> <li>i) opposes the imposition of 'out of hospital providers' as proposed in the NHS Five Year Forward View;</li> <li>ii) urges the BMA to campaign for fair funding for all General Practice;</li> <li>iii) calls upon all branches of practice to support GPs to regain funding for primary Care;</li> <li>iv) calls on the BMA to re-commit to a full blown "Save our Surgeries" campaign.</li> </ul> <p>(2015)</p>	<p><b>RETAIN – Parts ii) and iii)</b></p> <p><b>LAPSE – Parts i) and iv) These are now out of date</b></p>
	<b>MEDICAL ETHICS</b>	
<b>1223</b>	<p>That this meeting believes that the Mental Capacity Act (2009) legislation on Deprivation of Liberty Safeguards is not fit for purpose - creating unnecessary bureaucracy for doctors and distress to patients and families – and calls for the BMA to lobby government to accelerate the review of the Deprivation of Liberty Safeguard procedures.</p> <p>(2015)</p> <p>Following a lengthy period of review, to which the BMA contributed, the Deprivation of Liberty Safeguards will now be replaced by the Liberty Protection Safeguards – the anticipated date is October 2020. These are intended to be far more streamlined, and therefore less likely to result in bureaucracy for doctors and distress for patients.</p>	<b>LAPSE</b>
<b>1444</b>	<p>Health and Morale</p> <p>That this meeting is seriously concerned at the growing sense of de professionalisation and demotivation within the medical profession in the UK and instructs the BMA council to report on the impact this is having on the standard of care patients receive from the NHS and make recommendations to the ARM in 2016.</p> <p>(2015)</p> <p>This should be lapsed as it relates specifically to providing a report to council in 2016.</p>	<b>LAPSE</b>
	<b>MEDICO-LEGAL AFFAIRS</b>	
<b>1477</b>	<p>That this meeting:-</p> <ul style="list-style-type: none"> <li>i) commends the BMA for its Doctors as Volunteers ARM poster competition;</li> <li>ii) calls for the BMA to develop and expand further its promotion of medical volunteering;</li> <li>iii) calls for the BMA to raise with medical indemnity providers the issue of doctors needing appropriate indemnity for overseas voluntary work.</li> </ul> <p>(2015)</p> <p>In 2018, the International &amp; Immigration team completed a comprehensive update to the BMA guidance on medical volunteering. The guidance includes information on</p>	<b>LAPSE</b>

	<p>medical indemnity providers for overseas voluntary work. The team have also further expanded its reach in promoting the BMA Humanitarian Fund, which supports medical volunteering.</p>	
1478	<p>That this meeting supports an enhancement of The Foreign and Commonwealth Office Pro-bono Medical Panel (“Panel”) to cover child protection issues, and:-</p> <ul style="list-style-type: none"> <li>i) notes that the BMA were involved in the creation of the original Medical Pro-bono Panel;</li> <li>ii) mandates the BMA to work with appropriate stakeholders to try to secure this enhancement to the Panel.</li> </ul> <p>(2015)</p> <p>The International and Immigration team worked closely with the UK Foreign and Commonwealth Office in 2017/18 to strengthen and enhance the medical panel. A number of BMA members are now represented on the panel, from a wide range of specialties. Child protection issues are considered by another dedicated team within the FCO , who liaise with appropriate consular staff as and when issues arise.</p>	LAPSE
	<b>NATIONAL HEALTH SERVICE</b>	
1593	<p>That this meeting:-</p> <ul style="list-style-type: none"> <li>i) is concerned that the Transatlantic Trade and Investment Partnership (TTIP) is designed to meet the interest of corporations and presents a threat to UK healthcare and public health;</li> <li>ii) urges UK governments to remove health and social care services and public health legislation from the TTIP negotiations.</li> </ul> <p>(2015)</p> <p>The TTIP negotiations were launched in 2013, and ended without conclusion at the end of 2016. A European Council decision (April 2019) states that the negotiating directives for the TTIP are obsolete and no longer relevant.</p> <p>The sentiment of future trade agreements – and protecting the health and social care sector are captured in recent ARM 2019 policy. This new motion focuses on transparency, privatization and the commercialization of patient information.</p>	LAPSE
	<b>WALES</b>	
2213	<p>That this meeting:-</p> <ul style="list-style-type: none"> <li>i) notes that agreed processes have not been followed in reconfiguring services in North Wales;</li> <li>ii) strongly recommends engaging clinicians at the forefront to reconfigure service changes, rather than non-clinical managers determining reconfiguration for financial savings;</li> <li>iii) strongly recommends that patient safety must be the top priority in reconfiguration, not short term financial gains.</li> </ul> <p>(2015)</p> <p>(i) Refers to a specific reconfiguration of maternity services in North Wales. This episode has now concluded so should be lapsed.</p> <p>(ii) and (iii) could technically still stand, but if considered as a whole, should lapse on point (i).</p>	LAPSE