<table>
<thead>
<tr>
<th>ARM agenda No.</th>
<th>Resolutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM 1</td>
<td>Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY YORKSHIRE REGIONAL COUNCIL): That this meeting notes the backlog of planned care resulting from the Covid-19 emergency and the likely effect on NHS waiting lists, and calls on the BMA to:-&lt;br&gt;i) work with governments to develop a public information campaign on the likely timescale for the NHS to return to normal routine services;&lt;br&gt;ii) demand adequate funding for the NHS to increase its capacity to address the backlog of planned care;&lt;br&gt;iii) seek the return of public funds paid to the for-profit private sector to retain capacity which was under-used during the pandemic.</td>
</tr>
<tr>
<td>PM 2</td>
<td>Motion by PUBLIC HEALTH MEDICINE COMMITTEE: That this meeting believes that the global pandemic has demonstrated the need for a well-resourced national health protection function, to meet current and future communicable disease threats. This meeting, therefore, calls for:-&lt;br&gt;i) a government review of the fitness for purpose of the UK’s current health protection systems;&lt;br&gt;ii) Public Health England to be reconstituted as a fully independent arm’s length NHS “Special Health Authority,” integrated with the wider NHS and able to hold government to account on matters of Public Health;&lt;br&gt;iii) the establishment of a national public health “infection” service as part of PHE; professionally-led and in charge of strategy, operations, education and training, with an appropriate budget and regional offices;&lt;br&gt;iv) all consultants in Public Health to be employed on contracts equivalent to those of NHS Consultants, with adequate guarantees of freedom to make professional advice public;&lt;br&gt;v) all consultants in Public Health to be employed on contracts equivalent to those of NHS Consultants, with adequate guarantees of freedom to make professional advice public.</td>
</tr>
<tr>
<td>PM 3</td>
<td>Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY LINCOLN DIVISION): That this meeting insists that there must be a public enquiry into the UK Governments’ management of the COVID-19 pandemic in order to be better prepared for and to be able to follow best practice during any future overwhelming health crisis. As a minimum it should cover in its remit:-&lt;br&gt;i) the mismanagement of care homes;&lt;br&gt;ii) the purchase, delivery, quality control and guidelines for PPE;&lt;br&gt;iii) the testing strategy;&lt;br&gt;iv) health &amp; care staff wellbeing;&lt;br&gt;v) the timing of interventions and the timing of the easing of restrictions.</td>
</tr>
</tbody>
</table>
| PM 4 | Motion by NORTH WEST REGIONAL COUNCIL: That this meeting affirms the rights of transgender and nonbinary individuals to access healthcare and live their lives with dignity, including having their identity respected and calls upon the government to:-  
  i) allow transgender and nonbinary individuals to gain legal recognition of their gender by witnessed, sworn statement;  
  ii) ensure that under 18s are able to access healthcare in line with existing principles of consent established by UK Case Law and guidelines published by the public bodies which set the standards for healthcare;  
  iii) enable trans people to receive healthcare in settings appropriate to their gender identity;  
  iv) ensure trans healthcare workers are able to access facilities appropriate to the gender they identify as;  
  v) ensure trans people are able to access gendered spaces in line with the gender they identify as. |
|---|---|
| PM 5 | Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes the Covid-19 pandemic and the Black Lives Matter movement has demonstrated the importance of addressing health inequalities and racism in the UK. This conference calls for:-  
  i) increased funding for public health to tackle ethnic, geographic and gender inequalities in the UK;  
  ii) greatly improved recording and analysis of ethnicity in the NHS;  
  iii) specific action based on culturally sensitive research to address the health, social and educational problems caused to Black, Asian and minority ethnic schoolchildren and make recommendations to reduce these inequalities;  
  iv) all NHS trust and organisation boards should reflect the ethnic make-up of the workforce of the organisation which they manage;  
  v) every person involved in NHS recruitment should have training on diversity and unconscious bias;  
  vi) a mentorship scheme for Black, Asian and minority ethnic NHS managers and clinical leaders should be developed;  
  vii) there should be transparent recruitment and promotion systems in all NHS organisations. |
| PM 6 | Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH CENTRAL REGIONAL COUNCIL): That this meeting commends the commitment and flexibility shown by doctors and healthcare staff in very difficult circumstances during the COVID-19 pandemic. They have worked outside their specialties, worked additional hours, and worked at increased risk to their health. This meeting mandates Council and the Branch of Practice Committees to pursue policies to:-  
  i) ensure that temporary changes to job plans, working patterns and deployments cease with a return to pre-COVID-19 contractual requirements and job plans;  
  ii) ensure that all doctors are adequately remunerated for additional work done during the COVID-19 pandemic;  
  iii) ensure that no long term changes to job plans or contracts can be imposed without proper negotiations with local, Branch of Practice or national negotiating committees;  
  iv) ensure that an additional reward is made to all healthcare staff to reflect the personal sacrifices and increase in risk to health made during this pandemic. |
| PM 7 | Motion by ISLINGTON DIVISION: On July 6th a Health Minister in the Commons announced a public consultation on the continuation of home use of mifepristone with remote consultation support for abortion, which had been agreed as a temporary measure in response to the COVID pandemic. This house urges the BMA to support continuation of these remote services post pandemic which are in line with best global practice and benefit women, particularly those at risk of domestic violence. |
| PM 8 | Motion by SEVERN RJDC: That this meeting notes the possibility of an upcoming trade deal between the United States (US) and the United Kingdom (UK) and the threat it could pose to drug pricing and supply in the UK. This meeting therefore calls upon the BMA to lobby the relevant bodies to ensure such a trade deal:- i) does not result in a rise in UK drug prices; ii) does not weaken the ability of the NHS and related bodies to negotiate drug pricing with US companies; iii) does not adversely affect the safety and regulation of drugs and medical technologies distributed in the UK. |
| PM 9 | Motion by ISLINGTON DIVISION: The use of digital consulting has been essential during the pandemic for reducing the risk of infection in GP surgeries and in hospitals but there is a danger that those who have been arguing for a greater use of technology will change services in a way that impacts negatively on those most in need of care. We call on the Board of Science to examine the evidence base on the use of digital consulting and when this can be appropriately used. |
| PM 10 | Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY NORTH WEST REGIONAL COUNCIL): That this meeting:- i) believes the pause in appraisal and revalidation has not resulted in any detriment to patient safety or standards of care; ii) calls on GMC to publish guidance stating that revalidation and appraisal to be meaningful and robust would require a minimum of 1.5 sessions in a job plan; (AS A REFERENCE) iii) demands a reduction in the GMC regulation imposed by annual appraisal and five yearly revalidation to encourage experienced clinicians to retire later. iv) demands a proper independent audit of the processes of appraisal and revalidation to examine any alleged benefits and detrimental effects. |
| PM 11 | Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY YORKSHIRE REGIONAL COUNCIL): That this meeting acknowledges the significant work of UK doctors and medical students in fighting the COVID-19 pandemic and that this work was performed on a background of sustained real-terms pay erosion for doctors in the UK. We call on the BMA to:- i) survey members as to their opinions of the pay recommendations suggested by the DDRB in their 48th report (2020); ii) survey members as to what actions they believe the BMA should take next, in regard to tackling this real-terms pay erosion, including the option of industrial action; iii) to demand significant above inflation pay rise to compensate for a decade of freezes and sub-inflation pay rises; iv) to formulate an action plan in case doctors are not offered a fair pay settlement; v) withdraw from the DDRB before the end of 2020. |
vi) include different forms of industrial action in the survey and ask the council to formally ballot members if the survey suggests majority support.

**PM 12**

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned about the possible adverse impact that Covid 19 will have on the mental health of healthcare workers and carers:

i) with the potential for colleagues to experience anxiety, grief, unresolved anger, depression, moral injury and even PTSD as a result of their experiences;

ii) and insists that Governments and NHS departments must without delay make resources widely and rapidly available for all health workers and carers who need mental health support.

**43**

Motion by SHROPSHIRE DIVISION: That this meeting is appalled by the brutal death of George Floyd caused by a US police officer. This meeting stands in solidarity with the Black Lives Matter movement.

**CM 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.

**CM 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.

**CM 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.

**CM 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.

**EM 1** That this meeting notes that in the past few weeks, we have seen alarming rises in the rates of new COVID-19 infections to a higher level than when we went into lockdown, albeit in a younger population with a lower risk of admission to ITU and subsequent death.

In order to prevent the need for further national lockdowns, with all of the adverse impacts that this may have on the education of our younger generation, the economy, older adults in care, mental health and social isolation, this meeting calls on governments to pursue a policy of near-elimination of SARS-COV-2.

**EM 2** That this meeting notes the 48th report from the DDRB on Doctors' and Dentists' Remuneration and is deeply concerned that by offering Junior Doctors and GP Principals a lower pay settlement than other staff groups, during a time of an unprecedented international pandemic, these recommendations will lead to a reduction in Junior Doctor and GP Principal morale.

We call on the BMA to:-

i) lobby the Secretary of State for Health & Social Care to include recommendations on pay for Junior Doctors and GP Principals in the remit for the 49th report from the DDRB;

ii) lobby the Secretary of State for Health & Social Care to specifically ask the DDRB to consider a pay settlement in 21/22 above any previously agreed multi-year settlement, in recognition of the services performed during the ongoing COVID-19 pandemic;

iii) return to submitting full and detailed reports as part of the evidence gathering round of the DDRB process.

*(Note this motion was passed as a reference)*