

ARM

British Medical Association

**MINUTES
of
2020 ANNUAL REPRESENTATIVE MEETING**

HELD VIRTUALLY

ON

TUESDAY, 15 SEPTEMBER 2020

AT

9.00 am

UNTIL

18.00 pm

Chair: Dr Helena McKeown

Tuesday 15 September 2020

Helena McKeown, Representative Body Chair, in the chair

The figure in brackets after the number of the minute is the original agenda item number. Please note that A motions were voted on en bloc at the start of the meeting and a number of them were voted on again later in the meeting but were not passed. The 'A' was taken off motion 43 and debated in the morning session (item 213 of supplementary agenda).

PROCEDURES, PROCESS AND TIMETABLES

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| 1 (1) | Proposed from the chair: That this meeting approves:- i) the standing orders (Appendix I of document ARM1A) be adopted as the standing orders of the 2020 virtual meeting; ii) that the precincts of the meeting be regarded as those members registered as representatives and logged in during 0800-1800 on 15 September 2020; iii) the timetable for elections to be carried out during the meeting as set out in ARM5; iv) that in accordance with standing order 37, a ballot of representatives will be held on the day of the ARM to enable them to choose motions, amendments or riders which should be given priority (Chosen Motions - "C motions"). A link to the ballot form will be circulated to representatives which should be returned by 10am on the day of the ARM, 15 September 2020. | Carried |
| 2 (2) | Proposed from the chair: Minutes of the BMA Annual Representative Meeting held on 24 June to 27 June 2019 (ARM12 on the website and on the ARM app). | Confirmed |
| 3 (3) | Proposed from the chair: That the reports from branches of practice for the session 2019-20 are available from the website and on the ARM app. | Received |

Latifa Patel, Deputy Representative Body Chair, in the chair

Order of business

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| 4 (4) | Proposed by Dr Latifa Patel: That the business be taken in the order and at the times indicated below:- Tuesday 15 September 2020 - AM 09:00 Welcome and opening of the meeting (items 1-11) 09:30 Keynote address by the BMA council chair, Dr Chaand Nagpaul 09:55 Prioritised Motion 1 (item 12) Prioritised Motion 2 (item 13) Prioritised Motion 3 (item 14) 10:45 Memorial in remembrance of all NHS and care staff who died due to COVID-19 11:00 One minute's silence in remembrance 11:01 Break 11:15 Open Session: panel and open mic questions to panel 12:00 Prioritised Motion 4 (item 15) Prioritised Motion 5 (item 16) Motion 43 (item 43) 12:55 Contingency time 13:00 Session closes Tuesday 15 September 2020 - PM 13:45 Motion on appointment of the BMA president for 2021-2022 session (item 18) 13:50 Installation of the president 13:55 Prioritised motion 6 (item 17) | Carried |
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Prioritised Motion 9 (item 24)
 Prioritised Motion 7 (item 19)
 14:45 Finances of the Association (items 21-23)
 15:05 Break
 15:10 Prioritised Motion 8 (item 20)
 Prioritised Motion 10 (item 25)
 Prioritised Motion 11 (item 26)
 16:00 Contingency time
 16:10 Prioritised Motion 12 (item 27)
 16:30 Motions arising from the ARM
 17:40 Contingency time
 17:50 Closing business (item 61)
 18:00 Close of the meeting

BMA policy

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| 5 (5) | Proposed by Dr Latifa Patel: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM10 (on the website). | Carried |
| 6 (6) | Proposed by Dr Latifa Patel: That the BMA Representative Body chair will notify the meeting where items being considered by the meeting would, if approved, supersede existing policy and that such policies would be so marked in the policy book, and recommended to the subsequent ARM to be formally lapsed. | Received |
| 7 (7) | Proposed by Dr Latifa Patel: That the motions marked with an 'A' have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting. | Lost as amended by minute 8 |
| | (NB: Motions marked with an 'AR' have been assessed by the agenda committee to relate to new matter and the chair of council is prepared to accept these without debate as a reference to council). | |
| 8 (212 SUPP) | ERRATA: Remove reference to 'AR' motions in the bracket of item 7 and take the following after item 7: Proposed by Dr Latifa Patel: That the motions marked with an 'AR' (items 44 – 60) have been assessed by the agenda committee to relate to new matter and the council chair is prepared to accept these without debate as a reference to council, unless challenged at this point in the meeting. | Lost |

Helena McKeown, Representative Body Chair, in the chair

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| 9 | Representative Body voted on whether to suspend standing orders following the vote on A and AR motions to allow time for representatives to clarify which of the A or AR motions were in dispute and for a further vote to be taken on whether to pass the remaining motions. | Carried with 256 for, 2% against and 2% abstain. (Two-thirds majority needed). |
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Articles

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| 10 (8) | Proposed by Dr Krishan Aggarwal: That the Representative Body approve the recommended changes to article 52 of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval. | Carried |
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PRIORITISED MOTION 1

- 11 (12) Proposed by Dr Sakkaf Aftab: 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:-
- i) work with governments to develop a public information campaign on the likely timescale for the NHS to return to normal routine services;
 - ii) demand adequate funding for the NHS to increase its capacity to address the backlog of planned care;
 - iii) seek the return of public funds paid to the for-profit private sector to retain capacity which was under-used during the pandemic;
 - iv) promote the invitation of all patients on waiting lists to opt into a rescheduled appointment and an optional primary care review of the appointment's appropriateness.

Carried in parts. Parts carried: i), ii), iii). Parts lost: iv)

PRIORITISED MOTION 2

- 12 (13) Proposed by Dr Peter English: 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:-
- i) a government review of the fitness for purpose of the UK's current health protection systems;
 - 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;
 - 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;
 - 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.

Carried

PRIORITISED MOTION 3

- 13 (14) Proposed by Dr Stephen Millar: 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:-
- i) the mismanagement of care homes;
 - ii) the purchase, delivery, quality control and guidelines for PPE;
 - iii) the testing strategy;
 - iv) health & care staff wellbeing;
 - v) the timing of interventions and the timing of the easing of restrictions.

Carried

Bye-laws

- 14 (11) Proposed by Dr Krishan Aggarwal: That the bye-laws of the association be amended as follows:-
- i) changes to bye-laws part 4 council in the manner shown in appendix III of document ARM1A;
 - ii) changes to bye-laws part 3 representative body and part 6 honours of the association in the manner shown in appendix III of document ARM1A;
 - iii) changes to the bye-laws part 5 committees and other bodies of the association and to the bye-law schedules in the manner shown in appendix III of document ARM1A.

Carried (with required two-thirds majority).

(NB: This motion is the ARM bye-law proposals regarding the 'standard' or 'routine' changes to the bye-laws (such as changes of names of committees and councils,

membership thereof, terms of reference etc.) that have been proposed by those committees or officers; and have been scrutinised and ultimately approved as part of the routine business of the organisation committee and subsequently approved by council. This motion therefore allows all the necessary changes to the bye-laws).

Articles (continued...)

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| 15 (9) | Proposed by Dr Krishan Aggarwal: That the Representative Body approve the recommended changes to article 56 of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval. | Carried |
| 16 (10) | Proposed by Dr Krishan Aggarwal: That the Representative Body approve the recommended changes to article 79 of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval. | Withdrawn |

PRIORITISED MOTION 4

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| 17 (15) | Proposed by Miss Grace Allport: 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. | Carried |
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PRIORITISED MOTION 5

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| 18 (16) | Proposed by Mr Sathish Jayagopal: 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 meeting 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 school children 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) transparent recruitment and promotion systems in all NHS organisations. | Carried |
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PRESIDENT OF THE BMA

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| 19 (18) | Proposed from the chair: That Professor Neena Modi be appointed BMA president for the session 2021-22. | Carried |
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Latifa Patel, Deputy Representative Body Chair, in the chair

PRIORITISED MOTION 6

- 20 (17) Proposed by Dr Reshma Khopkar: 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:- **Carried**
- 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.

PRIORITISED MOTION 9

- 21 (24) Proposed by Dr Jacky Davis: 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. **Carried**

PRIORITISED MOTION 7

- 22 (19) Proposed by Professor Wendy Savage: 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 meeting 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. **Carried**
- 23 Proposed by Dr Latifa Patel: That the motions marked with an 'A' (items 28-43) have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting. **Lost due to abstentions. (Agreed that further time to be given for representatives to clarify which of the A or AR motions were in dispute and for a further vote to be taken on whether to pass the remaining motions).**
- Motions marked with an 'AR' (items 44-60) have been assessed by the agenda committee to relate to new matter and the council chair is prepared to accept these without debate as a reference to council.
- (NB: This was a vote taken on amended motions 7 and 212 (supplementary agenda). A number of A and AR motions were excluded from the vote).

Helena McKeown, Representative Body Chair, in the chair

FINANCES OF THE ASSOCIATION

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| 24 (21) | Proposed by Dr Trevor Pickersgill: That the report from the BMA treasurer (Trevor Pickersgill) for the session 2019-20 is available from the website. | Received |
| 25 (22) | Proposed by Dr Trevor Pickersgill: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2019 as published on the website be approved. | Carried |
| 26 (23) | Proposed by Dr Trevor Pickersgill: That the subscriptions outlined in document ARM1A (appendix IV) be approved from 1 October 2020. | Carried |

MOTION 43

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| 27 (213 SUPP) | Proposed by Dr Antony Lempert: 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. | Carried |
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PRIORITISED MOTION 8

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| 28 (20) | Proposed by Dr Giovanna Sheiybani: 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. | Carried |
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PRIORITISED MOTION 10

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| 29 (25) | Proposed by Dr John Hughes: 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 the 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; 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. | Carried in parts. Parts carried: i), iii), iv). Part ii) was carried as a reference |
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PRIORITISED MOTION 11

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| 30 (26) | Proposed by Dr Sakkaf Aftab: 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); | Carried as amended by minute 30 |
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- 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.

31 Rider proposed by Dr Joanna May Sutton-Klein: vi) include different forms of industrial action in the survey and ask the council to formally ballot members if the survey suggests majority support. **Carried**

'A' AND 'AR' MOTIONS

32 (214) Proposed from the chair: That the motions marked with an 'A' (items 29 – 38 and 40 – 42) have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting. **Lost**

33 (215) Proposed from the chair: That the motions marked with an 'AR' (items 44, 46 – 48, 50 and 51, and 54 - 60) have been assessed by the agenda committee to relate to new matter and the council chair is prepared to accept these without debate as a reference to council, unless challenged at this point in the meeting. **Lost**

PRIORITISED MOTION 12

34 (27) Proposed by Dr Gill Beck: 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. **Carried**

CHOSEN MOTIONS

35 (71) Proposed by Dr Jackie Applebee: 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. **Carried**

36 (100) Proposed by Dr Stuart Blake: 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; **Carried**

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.

- 37 (142) Proposed by Dr Peter Burke: 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:- **Carried**
- 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.
- 38 (201) Proposed by Miss Grace Allport: That this meeting is dismayed at university inaction regarding the depression and suicide epidemics which permeate our profession and calls upon the BMA to:- **Carried**
- 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.
- 39 (210) Proposed by Mr Asim Abbas: 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. **Lost**

EMERGENCY MOTIONS

- 40 (EM1) Proposed by Dr David Strain: 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. **Carried**

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.

Latifa Patel, Deputy Representative Body Chair, in the chair

41 (EM2) Proposed by Dr David Smith: 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.

Carried as a reference

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.