5 A49CC21 Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference calls for an open Public Enquiry into the handing of covid19 enquiry by the UK and devolved governments. This enquiry should also address avoidable public and health care workers deaths due to the covid19 and put systems in place to minimise deaths in any future pandemic.

10 A65CC21 Motion BY NORTH EAST LONDON RCC That this conference has no confidence in the recommendations of the government and Public Health England (PHE) regarding Personal Protective Equipment (PPE) during the pandemic for healthcare workers working in areas that are not designated as ‘Aerosol Generating Procedure’ areas and calls for the government:

i) To explain the three to fourfold risk of healthcare workers being infected with and dying from SARS-CoV-2 compared with the general population
ii) To recognise Covid-19 as an ‘Occupational Disease’
iii) To recommend the use of Respiratory Protective Equipment (such as FFP3 masks) in all patient-facing work where Covid-19 has not been excluded

14 A69CC21 Motion BY CONFERENCE AGENDA COMMITTEE That this conference recognises that difficult decisions made in response to the COVID pandemic and the ongoing pressures dealing with the backlog of work has resulted in moral injury to a number of consultants. We demand that:

i. NHS employing organisations across the UK acknowledge this and provide timely access to psychological support to individuals who need it

ii. all NHS employing organisations and health departments across the UK deploy a ‘no blame’ approach when seeking ‘lessons to learn’ from the pandemic response

iii. all NHS bodies engage the public with an honest appraisal to what is achievable by doctors in the coming months, to manage the publics expectations and reduce the risk of further moral injury amongst health professionals

iv. a funded and audited Preventing Burnout Charter is developed for consultants

17 A21CC21 Motion BY NORTH WEST RCC That this conference opposes the introduction of mandatory domestic Covid-19 ‘passports’ for these reasons:

i) It is ethically unsound to discriminate against individuals on immunological grounds

ii) It is the thin of a wedge which sees private healthcare data entering the public domain

iii) Proof of vaccination is not proof of immunity

TAKEN IN PARTS — (iii) CARRIED, (i) AND (ii) LOST

18 A21CC21 Motion BY LONDON SOUTH RCC This Conference is appalled that the NHS White Paper does not specifically include non-management secondary care clinicians within Integrated Care System structures. We demand that this is rectified, and consultants are given a central voice.

19 A45CC21 Motion BY LONDON SOUTH RCC This conference is deeply concerned by proposals to establish a Medical Doctor Apprenticeship Scheme that will lead to a two-tier system for medical professionals.
This conference calls on the CC to:

i) reject these plans outright, particularly any ability of local employers
to determine entry standards of medical students, apprentice or
otherwise.

ii) lobby for increased accessibility to financial support by way of
bursaries, grants and subsidised tuition fees instead of
apprenticeship

iii) propose the inclusion of optional extracurricular roles as HCA which
are remunerated to financially support undergraduates.

iv) recognise the impact on training of current medical students,
doctors in training and educational supervisors

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21 A40CC21 Motion BY LONDON SOUTH RCC This meeting calls upon UK Consultants' Committee
to produce a model contract for consultants who "retire and return" to the NHS. This
contract should include:

i. a contractual right to recommence work at the same point on the NHS
Consultant Salary Scale,

ii. a contractual right to retain the value of any consolidated CEAs that are in
payment at the time of retirement

iii. access to mandatory recycling of the full value of the employers’ pension
contributions either under an employer-based policy or at pension scheme
level.

iv. an appropriate DCC:SPA ratio specified within the contract.

v. and we mandate CC and its devolved counterparts to hold urgent talks with
NHSE and its equivalents with a view to implementing appropriate variations
of this policy quadrinationally.

TAKEN IN PARTS — (i), (iii), (iv) AND (v) CARRIED, (ii) LOST

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22 A3CC21 Motion BY MERSEY RCC That this conference recognises that the Gender Bonus Gap is
reflected in Clinical Excellence Awards and is unacceptable in most NHS organisations.
The current pro-rata reduction applied to Clinical Excellence Awards payments for Less
Than Full Time doctors disadvantages female doctors as a greater proportion work
part-time. This systematic inequality contributes to widening the Gender Pay Gap in
Medicine. The BMA recommends that this practice must stop and that this pro-rata
reduction for Less Than Full Time doctors should cease.

CARRIED AS A REFERENCE

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23 A3CC21 Motion BY LONDON SOUTH This Conference is pleased to see that Judges have
enacted pension reform to allow them to practice to their full capabilities without
worry of annual and lifetime allowance. We demand that full priority is given to
negotiating a tax-unregistered pension scheme with the government, which will allow
today and tomorrow's Doctors to take on NHS works as required whilst mitigating the consequences of unfair and complicated taxation.

24 A52CC21 Motion BY OXFORD RCC That this committee congratulates SASC on their successful completion of contract negotiations, but notes the proposed title for doctors appointed to the new senior specialty doctor grade is to be “Specialist Doctor”, and:

1. is concerned that this title may be confusing to patients, as the proposed entry criteria to the new grade do not require doctors to be on the specialist register

2. suggest that the long-established title “Associate Specialist” is already well respected and understood for senior grade specialty doctors

3. believes the term “Specialist” is normally reserved for doctors who are on the specialist register – as is common throughout Europe

4. requests that the proposed title of the new senior specialty doctor grade “Specialist Doctor” should be modified, with advice from BMA PLG and Council, to denote that they are not required to be on the specialist register

5. or alternatively requests that consideration is given to modification of the entry criteria to the new senior grade specialty Doctor, for example to include membership of the specialist register

6. or alternatively, if the new senior SAS “Specialist Doctor” grade is implemented as proposed, that urgent action is taken to modify the terms “specialist register” and “specialist trainee”

TAKEN IN PARTS – (1) CARRIED AS A REFERENCE, (2), (3), and (4) CARRIED (5) AND (6) LOST

50 A40CC21 Motion by LONDON SOUTH RCC That this Conference believes that the reconfiguration set out in the Government NHS White Paper is bad for doctors, bad for patients and bad for the NHS. We call upon Council to highlight and oppose the proposed:

i) regionalisation of medical training

ii) regression from doctors' national terms and conditions of service

iii) unaccountable privatisation of NHS services

71 A69CC21 Motion BY NORTH WEST RCC That this Conference is deeply concerned by the worsening COVID crisis that is affecting India, Brazil and many countries worldwide. It notes that the health of the UK is intimately connected to the ability of the global community to combat the coronavirus pandemic and similar outbreaks worldwide. It asks the Association to redouble its lobbying efforts in insisting that the British Government urgently prioritises support to the worst affected nations by the provision of oxygen, drugs, vaccines, PPE and other equipment and resources in order that overstrained healthcare systems can meet the critical challenge that they face.