

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 2021 ARM would lead to other (current) policies being recommended to be “lapsed” by the 2022 Representative Body. The policy numbers relate to the [BMA policy book 2020-2021](#).

(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 2021 TO LAPSE 2016 POLICIES

Policy No	BMA, STRUCTURE AND FUNCTION	
	COMMUNICATIONS	
101	<p>The BMA has delivered a substantial campaign over the junior doctors' contract resulting in a negotiated contract that our members have the chance to vote on in a referendum. This meeting recognises and applauds the hard work of the hundreds of LNC reps across the country.</p> <p>(2016)</p> <p><i>This hasn't been superseded by ARM policy but it has been by other events, most notably the 2018 referendum on further changes to the junior doctor contract</i></p>	LAPSE
137	<p>Recent meetings within the Association have resulted in significant complaints being raised about the video conferencing facilities, which need to be substantially upgraded. This meeting calls for:-</p> <ul style="list-style-type: none"> i) an upgrade to the facilities for teleconferencing and videoconferencing; ii) appropriate guidance to be developed for the use of video conferencing for meetings including procedures for people to vote when tele/videoconferencing into a meeting <p>(2016)</p> <p><i>Since the ARM of 2016 when this motion was passed there has been a significant investment in video conferencing equipment (through a tendering process) for BMA meetings rooms. Microsoft Teams has also been adopted throughout the BMA and the NHS and replaces Skype for Business which will be decommissioned by Microsoft in July 2021. Training sessions on the use of Teams has been provided to many of our members and is available to any other members who need assistance. Members are able to join BMA meetings more easily than previously. It should be pointed out that previously, demand for meeting rooms was so great that committee meetings requiring video and tele conferencing facilities were often held in rooms where the infrastructure wasn't suitable for such meetings. A voting application is used during meetings where required which can be accessed separately from the meeting via a web browser or mobile phone app. Details of the voting app and Teams meeting joining instructions are sent to participants in advance of the meeting</i></p>	LAPSE

	GENERAL MEDICAL COUNCIL	
542	<p>That this meeting believes that the BMA should support a move to shift funding for the GMC from the medical profession to those it protects, namely the public. (2016)</p> <p>ARM 2019 debated a motion limb calling for the GMC to <i>'be directly funded from taxation with no loss of income to any doctor'</i>. The limb was voted down which indicates that the view of the profession has changed since 2016. It would therefore be better for this policy to lapse and for the BMA to consider this area again at a future ARM</p>	LAPSE
557	<p>That this Meeting:</p> <ul style="list-style-type: none"> (i) expresses full confidence in the GMC, in its professional and lay members and in its disciplinary and performance review procedures; (ii) notes and welcomes the public's desire for the highest possible standards of professional practice; (iii) believes that the achievement of the highest possible standards of professional practice on an individual level requires protected time for audit, study and reflection. <p>(1998)</p> <p>This policy has been superseded by No.537 – (2018):</p> <p><i>'That this meeting, in view of the widespread concerns about the adverse effects of the General Medical Council's actions in the Bawa-Garba case and its impact on NHS culture and morale:- i) declares that it has no confidence in the GMC as a professional regulatory body;</i></p>	LAPSE part (i)
	GENERAL PRACTICE	
603	<p>That this meeting is concerned by the proposed expansion of 'GP Fellowship' posts which are neither consultant nor GP posts and are not supported by national terms and conditions of service. No current vacant posts should be re-advertised until a negotiated agreement is reached between SGHD and BMA Scotland. (2016)</p> <p>There is concern that this policy is no longer in our members' interests. BMA Scotland colleagues wish to reconsider this with input from SGPC, LMCs and Scottish Government, and will bring forward new policy on this to ARM or to Scottish LMC Conference next year, if deemed appropriate.</p>	LAPSE
607	<p>That this meeting believes in order to preserve patient safety, the BMA should undertake an immediate and necessary workload analysis that can define safe limits of working in General Practice. (2016)</p> <p>This work was completed</p> <p>Workload control in general practice: ensuring patient safety through demand management: https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/controlling-workload-in-general-practice-strategy</p>	LAPSE
	HOSPITAL SERVICES	
800	<p>That this meeting recognises that hospitals are facing unprecedented and unsafe levels of patient admissions. We call on the BMA to lobby for removal of financial penalties and punitive measures for NHS services that close or divert due to patient safety concerns related to capacity. (2016)</p> <p>The financial penalties in question were suspended in 2016/17 and have not been reintroduced</p>	LAPSE

	INTERNATIONAL AFFAIRS	
917	<p><u>Asylum</u></p> <p>That this meeting recognises that the current refugee crisis is a public health crisis and is dismayed that the French authorities blocked the recent aid convoy to the Calais refugee camp. This meeting calls on the BMA to release a statement condemning these actions. (2016)</p> <p>This refers to a specific event that took place in 2016. Action was taken at the time. There is no benefit in retaining this in the policy book.</p>	LAPSE
	JUNIOR DOCTORS	
1004	<p>That this meeting condemns any changes in the junior doctor contracts which disadvantage women, particularly those who are training part-time, who are carers or lone parents. (2016)</p> <p>While the principle of the policy is wholly reasonable, the specific issues that the policy condemns arose from the imposition of the 2016 junior doctor contract. The contract was subject to further talks, with key outstanding issues addressed, and was subsequently approved at a referendum of members.</p>	LAPSE
1005	<p>That this meeting supports the junior doctors in the dispute about a proposed new junior doctor contract in England and:-</p> <ul style="list-style-type: none"> i) condemns any imposition of a contract on junior doctors; ii) commends the Scottish and Welsh governments and the Northern Irish Assembly for not seeking to impose a new contract, and for maintaining good working relationships with junior doctors. <p>(2016)</p> <p>The junior doctor contract negotiations that have since concluded, and the contract in question (the 2016 junior doctor contract) approved at a referendum of members. As such, junior doctors in England are no longer in a state of formal dispute in relation to the contract.</p>	LAPSE
1033	<p><u>Hours of work</u></p> <p>That this meeting believes that junior doctors working extended hours should be entitled to the provision of suitable food and drink. (2016)</p> <p>This motion predates the negotiation and implementation of the fatigue and facilities charter, which amongst other things addresses appropriate food and drink provision, as well as the additional funding negotiated to support the implementation of the charter's provisions.</p>	LAPSE
	MEDICO-LEGAL AFFAIRS	
1485	<p>That this meeting:-</p> <ul style="list-style-type: none"> i) reiterates the BMA policy, adopted at the time of the cot death miscarriages of justice, that there should be a public inquiry, conducted by distinguished scientists and doctors, to investigate the failure of the criminal justice system to cope adequately and sensibly with situations of scientific uncertainty; ii) reiterates the BMA policy that the rules governing expert witnesses should not operate in a way which prevents courts being presented with evidence of scientific dissent. <p>(2016)</p> <p>The medico legal committee has grave concerns about the use of public enquiries to</p>	LAPSE

	<p>advance court policy. The experience of senior expert witnesses is that articles in appropriate journals do more to advance progress and progress behaviour than public enquiries. It is also the case that court decisions when widely published have far greater impact than public inquiries.</p> <p>It is the case that enquiries into matters other than what occurs in court such as the enquiry chaired by Lord Laming have profound and long-lasting consequences but they are not about the behaviour of experts.</p>	
	NATIONAL HEALTH SERVICE	
1535	<p>That this meeting has no confidence in the Secretary of State for Health and calls for his resignation. (2016) This refers to a SoS who is no longer in post</p>	LAPSE
1536	<p>That this meeting urges the BMA to publish “green papers” exploring the concepts and implications for all branches of practices of the new models of care proposed by Five Year Forward View, and to additionally produce guidance for doctors affected by these developments. (2016) The Five Year Forward View has been superseded by multiple strategies published since 2016, most notably the Long Term Plan. Several papers have been published by the BMA on the models of care outlined in the FYFV and subsequent strategies, too.</p>	LAPSE
1540	<p>That this meeting condemns the small number of MPs who filibustered the House of Commons debate to deny proper discussion on the NHS Reinstatement Bill. (2016) This refers to an old political debate and we have since had a general election</p>	LAPSE
1689	<p>That this meeting:- i) believes that the current crisis in health and social care is a direct result of inadequate funding; ii) condemns further unachievable efficiency savings; iii) calls on the government to commit to match or exceed the average % GDP spent on health and social care made by comparable European countries. (2016) More recent motions cover these issues, for example, motion 1686 from 2017 (in policy book)</p>	LAPSE
	PUBLIC HEALTH MEDICINE	
1991	<p>That this meeting instructs the BMA to lobby the government and Parliamentarians to re-establish Public Health England, currently an "executive agency of the Department of Health" as an independent NHS body. This is to ensure that England's highly experienced and knowledgeable public health workforce can perform their professional duties unencumbered by the political constraints of being civil servants. (2016) Superseded by policy passed at the 2020 ARM and the announced dissolution PHE and creation of the NIHP</p>	LAPSE
	REMUNERATION AND REVIEW BODY	
2028	<p>That this meeting, in respect of the DDRB:- i) believes it is no longer fit for purpose; ii) calls for a just and equitable medical pay mechanism that has the confidence of all parties; iii) believes that a period of enhanced pay growth is required to restore NHS pay levels constrained since 2008, using a benchmark of 2% growth above inflation. (2016) This policy, particularly part (iii), has been superseded by subsequently passed BMA policy (e.g. policy 2021 which reiterates points (i) and (ii) while making a less specific, and</p>	LAPSE

	therefore less limited, demand in relation to pay).	
	SCOTLAND	
2087	<p>That this meeting strongly opposes the use of demographic data collected by the NHS to compile or populate a database of Scottish tax payers. (2016)</p> <p>This motion seems to be linked to the 2015 Scottish Government plans to transform the NHS central register outlined in a consultation: “<i>Consultation on proposed amendments to the National Health Service Central Register (Scotland) Regulations 2006</i>”. The intention was to change the current NHS Central Register (“NHSCR”) so it could be accessed by more bodies and data could be shared.</p> <p>The Scotland Act 2016 gave the Scottish Parliament full control over income tax rates and bands, except the personal allowance. The Scottish rate of income tax is now up and running without any major public worries over the use of data. On this basis we recommend that this motion is lapsed.</p>	LAPSE
2088	<p>That this meeting appreciates the intentions of the Scottish government to enable SAS doctors to develop but is very concerned that SAS doctors are not consulted adequately. This meeting calls upon the Scottish government to consult with BMA Scotland formally and SAS doctors more widely before implementing any proposed plans. (2016)</p> <p>This motion seems to be around the SAS development fund. Scottish Government provides annual funding for SAS doctors' and dentists' training and development needs. This is not to support routine CPD, which should be funded as normal via employer's study leave budget, but is rather to provide assistance to individuals by way of a contribution towards the cost of carrying out a course of study or project, for the purpose of meeting a specific aim as outlined above.</p> <p>BMA Scotland is now regularly involved in discussions around the SAS fund, and has seats on the NES SAS Development Programme Board. On this basis we recommend that this motion is lapsed.</p>	LAPSE
2089	<p>That this meeting notes the Scottish government’s decision to scrutinise more closely the Transplantation (Authorisation of Removal of Organs etc.) (Scotland) Bill and we call upon BMA Scotland to:-</p> <ul style="list-style-type: none"> i) work to increase organ donor rates in Scotland by means of public information and education; ii) encourage research into alternatives to transplantation. <p>(2016)</p> <p>Propose we lapse motion 2097:</p> <p>The Transplantation (Authorisation of Removal of Organs etc.) (Scotland) Bill fell on 9 February 2016, following the Stage 1 debate and the Parliament not agreeing the general principles of the Bill.</p> <p>The progression of organ donation policy in Scotland means that this motion has been superseded.</p> <p>On this basis we recommend that this motion is LAPSED</p>	LAPSE
	TERMS AND CONDITIONS OF SERVICE	
2190	That this meeting recognises that the current contract negotiations are at risk of being politicised resulting in the alienation of segments of the population and reducing public	LAPSE

	<p>support. This meeting calls upon the BMA to discourage personal attacks on political figures or stakeholders.</p> <p>(2016)</p> <p>While the second half of the motion could remain policy, as the spirit of it is general and non-specific, the first half relates to contract negotiations that have since concluded, and the contract in question (the 2016 junior doctor contract) approved at a referendum of members.</p>	
	WALES	
2219	<p>That this meeting:-</p> <ul style="list-style-type: none"> i) deplores petty politics played by Assembly Members which resulted in the Public Health (Wales) Bill failing at stage 4 of the legislation process; ii) expresses huge disappointment for not passing the Public Health (Wales) Bill and therefore losing the opportunity to implement established ARM policies which could have made a very real difference to the lives of the people of Wales, including placing Health Impact Assessments (HIAs) on a statutory footing and banning the use of e-cigarettes in certain public places; iii) calls on the Welsh government to pass the Public Health (Wales) Bill within the first year of the new Welsh Assembly term. <p>(2016)</p> <p>The Public Health Wales Act 2017 was passed during 2017, including the Health Impact Assessment provision (although subsequent regulations have not been passed).</p>	LAPSE