

Annual Representative Meeting 2021

Part 2 agenda

13-14 September 2021 (virtual conference)

**The motions in this part 2 agenda
are unlikely to be reached unless
as chosen motions**

ARM2021

Build back together:
supporting our members, supporting our NHS

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**ARM
2021**

British Medical Association

**PART 2 AGENDA
of the
ANNUAL REPRESENTATIVE MEETING
(motions not prioritised for debate)**

TO BE HELD VIRTUALLY FROM

MONDAY, 13 SEPTEMBER 2021

UNTIL

TUESDAY, 14 SEPTEMBER 2021

**BMA acting representative body chair:
Dr Latifa Patel**

(NB: The appendices to the ARM agenda will be in a separate document ARM1A)

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PART 2 - PANDEMIC PREPAREDNESS AND RESPONSE

The motion(s) below, in the shaded area, are unlikely to be reached

- 77 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting calls for a public inquiry into the Covid-19 pandemic:-
i) to be initiated as soon as possible;
ii) to include a full evaluation of the strengths and weaknesses of the public health system in England, the fitness of purpose of its health protection systems, and the impact of the progressive loss of medical expertise;
iii) with the widest possible remit, including government decision making and advisory structures, procurement, vaccine development, vaccine delivery, lockdown measures and timing, PPE, public health delivery structures, investment in track and trace, protective measures for vulnerable people and communities, management of outgoing and incoming travellers;
iv) with the ability to make recommendations for the planning, preparation and investment towards managing the next pandemic and so that lessons can be learned and rectified under UKHSA and OHP.
- 78 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls for a full independent judge-led enquiry into the tendering processes, contractual arrangements and use of public funds undertaken under The Coronavirus Act 2020 to be undertaken without further delay.
- 79 **Motion** by SHROPSHIRE DIVISION: That this meeting deplores the death rate in UK HCPs during the Covid-19 pandemic, a rate considerably higher than comparable European countries, which causes distress not only to their families but to their colleagues, and demands that the reasons for this disparity are fully investigated.
- 80 **Motion** by ISLINGTON DIVISION: That this meeting notes that by November 2020 60% of deaths from Covid-19 involved disabled people and those with learning difficulties and demands urgent review of services for those with all forms of disability, including those with learning difficulties.
- 81 **Motion** by ISLINGTON DIVISION: The UK has one of the highest death rates from Covid-19 in the developed world. The UK government failed to act on scientific advice, failed to enact restrictions in time, failed to develop an effective test and trace system and has refused to learn lessons. This has led to repeated waves of Covid-19, new variants and thousands of excess deaths, with a disproportionate impact on the most deprived and most vulnerable in our society. This has been aptly described as "social murder." This meeting calls on the BMA to explore what legal actions could be taken to hold the government to account for its criminal negligence in mismanaging the Covid-19 pandemic.
- 82 **Motion** by CONSULTANTS CONFERENCE: That this meeting calls for an open public enquiry into the handling of Covid-19 enquiry by the UK and devolved governments. This enquiry should also address avoidable public and health care workers deaths due to the Covid-19 and put systems in place to minimise deaths in any future pandemic.

- 83 **Motion** by CONFERENCE OF LMCS: That this meeting believes that GPC must call for an enquiry as to why government failed to follow its own advice regarding preparing for a pandemic and therefore was woefully ill prepared for the pandemic to the extent that GP practices were supplied with, for example, inadequate, out of date PPE.
- 84 **Motion** by ENFIELD AND HARINGEY DIVISION: This meeting declares no confidence in the Tory government and demands its resignation, in the light of its abysmal lack of preparation to contain the pandemic, and protect from death 1,500 NHS and care home staff and over 100 thousand patients.
- 85 **Motion** by SOUTH WEST LONDON DIVISION: That this meeting insists that, before the NHS embarks on another large scale and distracting reorganisation, there should be a thorough enquiry into the UK's response to the Coronavirus epidemic. Otherwise the reorganisation might focus on the wrong priorities.
- 86 **Motion** by ISLINGTON DIVISION: That this meeting condemns the government's response to the pandemic including:-
 i) late lock downs which led to tens of thousands of avoidable deaths
 ii) outsourcing test and trace resulting in tens of billions (GBP) wasted on a failed system
 iii) failure to protect the elderly in care homes by discharging untested patients from hospital
 iv) failure to protect those with learning disabilities
 v) bypassing GPs in favour of NHS 111
 The BMA demands an immediate start to an inquiry, in order to learn lessons most urgently.
- 87 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists that if real lessons are to be learned from the Covid-19 pandemic management the enquiry must be non-judgemental, contain legal immunities and allow for witnesses to give unfettered evidence if need be in camera where matters of national security are concerned and instructs council to lobby accordingly.
- 88 **Motion** by NORTH EAST LONDON DIVISION: That this meeting is concerned at the reduction in mental health provision caused by the pandemic, and demands that the government provide additional funding and resources to enable patients to access and obtain support from mental health services.
- 89 **Motion** by SALISBURY DIVISION: That this meeting is concerned by post-pandemic NHS waiting lists and calls on the NHS to enlist the private sector to support a reduction in waiting lists.
- 90 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting acknowledges the significant increase in secondary care waiting lists for treatment as a result of the Covid-19 pandemic, but also notes that the majority of staff have worked without respite or annual leave during the pandemic, and urges the BMA to press for any initiatives to address the waiting lists to factor in the need for staff to rest, recover and make use of their leave entitlement to avoid burnout.

- 91 **Motion** by NORTH EAST LONDON DIVISION: That this meeting understands that there will be a backlog as the NHS returns to normal after Covid, and insists that the government provide additional funding to meet the increased demand in workload.
- 92 **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting proposes that the BMA renews its demand that the number of NHS beds are increased in view of the sharp increase in the numbers of patients on waiting lists for admission to hospital as a result of the current epidemic.
- 93 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting notes with alarm the growing backlog in both elective and urgent workload which has been generated by the pandemic, and:-
 i) believes delays in diagnosis and treatment across all specialties is posing an unacceptable risk to patient safety;
 ii) declares that the NHS currently lacks the resources and workforce to safely catch up on this backlog and restore services to their pre-pandemic levels;
 iii) demands the BMA run an urgent and extensive political and media campaign to make the public aware of the true situation in the NHS so that expectations may be more realistic;
 iv) calls on BMA UK Council to develop a pan-professional options appraisal on how the backlog in workload can be addressed;
 v) believes that the Government must look at all possible options for the NHS to be supported in managing this workload, including civil contingency resources and military support.
- 94 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is alarmed that overload of laboratory services approved by UK Gov to provide evidence of completion of quarantine restrictions of passengers returning to the UK result in restriction of freedoms and unjustified expense. Some also do not appear to have the medical backup required for accreditation.
- 95 **Motion** by TOWER HAMLETS DIVISION: i) That this meeting notes the poor delivery of services outsourced to the private sector during the Covid-19 pandemic, such as National Test and Trace.
 ii) This meeting believes that existing Public Health infrastructure performed well, despite years of underfunding and lack of government support to provide locally based Find Test Trace Isolate and Support during the pandemic.
 iii) This meeting demands that Government reverse the devastating disinvestment in Public Health and empowers local public health teams to use their skills to respond to Public Health emergencies in their communities rather than setting up new, centrally controlled bodies which have had a poor performance record.
- 96 **Motion** by LINCOLN DIVISION: That this meeting calls upon all branch of practice committees in the BMA to work together to ensure all healthcare organisations encourage safe clinical care during the recovery phase of the Covid-19 pandemic by:-
 i) ensuring the clinician requesting an investigation follows up the result and communicates it to the patient concerned, allowing the patient to ask them questions;
 ii) ensuring onward referrals are arranged by the clinical team which determines that a referral is required;

iii) ensuring patients can easily cancel or rearrange appointments and to have it confirmed that they will be seen in due course;

iv) lobby the departments of health to ensure all patients are notified at least every 3 months of their status on the waiting list for outpatients' appointments or procedures, with information detailing who they should contact if their condition were to change during their wait;

v) lobbying the departments of health for a massive increase in investment in human resources across the NHS including, but not limited to:

- a) doctors
- b) nursing & allied healthcare professionals
- c) diagnostic services
- d) administrative and secretarial staff
- e) public Health

vi) lobbying the departments of health for a massive programme to improve NHS estates to house the increased workforce and activity.

- 97 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the Secretaries of State for Health and Social Care in England and in Wales to recognise that the pandemic demonstrated:-
- i) the need for an immediate increase in the number of hospital beds;
 - ii) the need for out of hours acute clinical services to be redesigned to
 - o increase community assessments,
 - o provide rapid near patient diagnostic facilities,
 - o provide community support to those who do not need admission and
 - o avoid delays in hospital admission for those who are seriously ill.
- 98 **Motion** by LONDON REGIONAL COUNCIL: That this meeting applauds the heroic efforts of NHS workers during the pandemic and that the NHS is currently dealing with record demand on the background of underfunding and with an exhausted, demoralised & undervalued work force. We call for:
1. Significant on-going NHS investment to cope with increased clinical demand
 2. And end to privatisation of NHS clinical services
 3. A minimum 12% pay uplift for all NHS staff.
- 99 **Motion** by BOLTON & WIGAN DIVISION: That this meeting acknowledges the success of the Covid-19 vaccination campaign, but also notes antipathy from some quarters towards those people that refuse to be vaccinated. We demand that the BMA states its opposition to:-
- i) mandatory vaccination outside occupational groups;
 - ii) the imposition of domestic vaccination passports or certificates which limit freedom of movement, access to public areas or cause limitation of human rights.
- 100 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting, whilst encouraging informed educated decisions to have Covid-19 vaccinations, opposes mandatory Covid-19 vaccination as well as introduction of mandatory Covid-19 vaccinations passports and calls for greater collaboration between the BMA and other trade unions and representative bodies to ensure a united front against the Government should it pursue mandatory Covid-19 vaccinations and Covid-19 vaccine passports.

- 101 **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
 i) is concerned that Covid-19 vaccine passports will cause discrimination against those who either have difficulty accessing the vaccine or who are vaccine hesitant;
 ii) believes that the way to maximise vaccine uptake is to engender public trust using education and community role models;
 iii) does not support the introduction of Covid-19 vaccine passports for domestic use within the UK.
- 102 **Motion** by NORTH EAST LONDON DIVISION: That this meeting calls on the government to plan and provide an annual Covid immunisation program to address the issue of new strains and variants.
- 103 **Motion** by TOWER HAMLETS DIVISION: i) That this meeting notes that the roll out of the Covid-19 vaccine has been delivered almost completely from within existing public sector infrastructure and congratulates those involved for rising to such a huge logistical challenge so effectively.
 ii) This meeting recognises the great importance of monitoring vaccine uptake and outcomes, which use of NHS number allows, however
 iii) This meeting notes that despite the best efforts of the vaccinators that some groups in society find the vaccine difficult to access.
 iv) This meeting demands that an NHS number should not be a requirement to enable access to a Covid-19 vaccine and that anonymity should be allowed in a similar way to that enjoyed by patients attending sexual health clinics and calls on GPC to negotiate this urgently
- 104 **Motion** by CONFERENCE OF LMCS: That this meeting demands:-
 i) Covid-19 vaccine should be available without needing an NHS number;
 ii) public facing workers who have the highest rates of death from Covid-19 should be prioritised for vaccination;
 iii) GPC executive lobby government to ensure that Covid-19 vaccine is available to the global poor as well as to the global rich.
- 105 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting acknowledges the success of the Covid-19 vaccination campaign, but also notes some antipathy towards those people that refuse to be vaccinated. We demand that the BMA states its opposition to:-
 i) the imposition of domestic vaccination “passports” or certificates which limit access to public areas or cause any limitation of individual human rights;
 ii) mandatory vaccination outside defined occupational groups.
- 106 **Motion** by CORNWALL DIVISION: That this meeting believes COVID vaccinations should be contractual for patient facing roles in the NHS.
- 107 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the government to fund a comprehensive Long-Covid registry to monitor the long-term effects of Long-Covid and to evaluate possibly interventions.
- 108 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting urges the BMA to lobby the government to investing in research and treatment of Long-Covid affecting healthcare professionals to enable their timely return to work, and so as to avoid a worsening of the NHS workforce crisis.

- 109 **Motion** by SCOTTISH COUNCIL: That this meeting calls upon all 4 governments to adequately invest in Long-Covid specialist care.
- 110 **Motion** by ISLINGTON DIVISION: That this meeting believes that Long-Covid-19 will be a challenge for the NHS for the foreseeable future and demands adequate resources are made available for research and to care for affected patients.
- 111 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting urges the government to consider long-term financial support to front line healthcare staff who contracted Covid-19 infection during employment and are now suffering from Long-Covid symptoms and unable to return to work after nearly 12 months of suffering and some face financial ruin, sickness benefit with cease after 12 months and Partnership will cease after 12 months in the case of General Practitioners.
- 112 **Motion** by ISLINGTON DIVISION: That this meeting demands that:-
i) Covid should be recognised as an industrial disease when contracted in the line of duty and;
ii) NHS workers with Long-Covid should receive appropriate financial support;
iii) there should be compensation for the families of front line staff who died from Covid, acquired in the line of their duties.
- 113 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the impact of Long-Covid and asks for a report to be commissioned which explores the need for Long-Covid to be defined as a potential occupational disease.
- 114 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is deeply concerned by the prevalence and life changing impact of Post-Covid Syndrome (otherwise known as “Long-Covid”) throughout the pandemic and the increasingly overwhelming strain this is putting on the NHS, and:-
i) believes the UK government has failed to develop and resource sufficient and appropriate NHS services for patients with this condition;
ii) condemns the fact that the lack of resources and services to manage Long-Covid are even more severe in the devolved nations;
iii) believes it is utterly unacceptable to expect this condition to be managed by primary care;
iv) calls for this condition to be classified as an industrial illness where it has affected healthcare workers;
v) mandates BMA UK Council to work with relevant stakeholders to produce an appraisal of what the profession needs in order to manage this condition and press this as a priority to the government.
- 115 **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting believes that BMA should negotiate to include Long-Covid Syndrome as a disability and employment rights of equality act extended to the sufferers.
- 116 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting continues to be angered by the constant and unacceptable failures in PPE provision for healthcare workers throughout the pandemic and calls for FFP3 masks to be made available for healthcare workers all clinical contacts of confirmed and suspected cases of COVID-1.

- 117 **Motion** by CONSULTANTS CONFERENCE: That this meeting 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 increased 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.
- 118 **Motion** by ISLINGTON DIVISION: That this meeting believes the government failed in its duty to protect front line staff during the pandemic, in particular:-
 i) failure to provide adequate PPE;
 ii) failure to protect minority ethnic staff;
 iii) running the NHS down, so that it had too few beds and staff to deal with a pandemic.
 The BMA demands that the NHS is adequately staffed and resourced going forwards.
- 119 **Motion** by LOTHIAN DIVISION: That this meeting recognises that many staff working in the health and social care sector have had inadequate access to adequate and effective PPE. It calls upon the governments of the UK to provide compensation to those who have financial hardship due to COVID-related illness and/or bereavement.
- 120 **Motion** by SCOTTISH COUNCIL: That this meeting recognises that staff working in the health and social care sector have not always had access to adequate and effective PPE, which has contributed to rates of Covid infection and Long-Covid in those staff. It calls upon the governments of the UK to
 i) recognise Long-Covid as an occupational illness;
 ii) provide compensation to those who have suffered financial hardship due to covid related illness and/or bereavement.
- 121 **Motion** by ISLINGTON DIVISION: That this meeting notes that elderly patients in care homes were three times more likely to die than those in the community and believes that this government failed to put a protective ring around those in care homes. Vulnerable patients were discharged directly from hospital back to their care homes, without having been tested, resulting in thousands of excess deaths.
 Adequate PPE supplies were not available to those staff working in care homes
 Adequate Covid testing was not available to those staff working in care homes
 This meeting calls on the government to review provision of social care and come up with a robust plan.
- 122 **Motion** by CONFERENCE OF LMCS: That this meeting strongly supports NHS colleagues who refuse to offer face to face care to patients who are medically able to but refuse to wear face coverings.
- 123 **Motion** by TOWER HAMLETS DIVISION: i) That this meeting condemns the contracting of private health providers such as Spire and Circle to help manage the backlog of health care due to Covid-19, especially as block contracts set up at the start of the pandemic were substantially under used.

ii) This meeting believes that private health providers should be brought into public ownership.

124 **Motion** by LONDON REGIONAL COUNCIL: That this meeting is horrified about the lack of transparency and huge sums of money involved in the awarding of government contracts during the COVID pandemic and demands an end to commercial involvement in the NHS and a return to a health service run by the public sector.

125 **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
 i) judges that the UK publicising only three covid symptoms has been an unsafe simplification and has resulted in increased covid community spread, amplifying covid morbidity and mortality;
 ii) instructs the BMA to demand that NERVTAG (New and Emerging Respiratory Threats expert committee, DHSC) urgently reviews the UK's policy of only publicising three covid symptoms;
 iii) instructs the BMA to demand that NERVTAG clarifies transparently why the UK has diverged from WHO guided countries that have informed their populations of a wider range of covid symptoms, including mild respiratory symptoms;
 iv) instructs the BMA to advise the four CMOs to counsel Government to inform the UK public, using clear public health messaging, on covid-19 symptoms (in line with the WHO covid case definition) – including that a “cold cough” cannot be distinguished from a “covid cough”, with infectiousness most likely in the first five days of symptoms; enabling individuals, schools and susceptible workplaces (from care homes to meat packing factories) to use that knowledge wisely.

126 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: Legislate for mandatory administration availability of 30 minute PCR or similar Covid-19 testing in all hospitals re at risk patients on admission and especially prior to ICU admission.

PART 2 - CULTURE, INCLUSION AND DIVERSITY

127 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting is appalled by the government's lack of support for the UK's ethnic minority and multilingual communities during the Covid-19 pandemic. These communities have been forgotten, neglected and their needs have been an afterthought. The absence of accessible, translated coronavirus guidance from the government has meant that these communities are less prepared to protect themselves and their families. We call on the BMA to lobby the government to:-
 i) provide all public health campaigns in the five most widely spoken languages in the UK to ensure everyone has access to reliable health information and as a step towards "culturally competent" messaging;
 ii) support local authorities to provide public health messages in additional languages outside of the five most widely spoken, that cater specifically for the needs of the local population;
 iii) maintain quality and consistency of translated public health messages to prevent inconsistent and outdated information being shared.

- 128 **Motion** by CONFERENCE OF LMCS: That this meeting calls on health ministers across the UK to:-
 i) publicly and repeatedly deliver the message that no patient is entitled to refuse care based on a clinician's ethnicity;
 ii) identify and publicise the daily examples of racism that NHS colleagues are subjected to;
 iii) commit to a zero tolerance approach to any patient complaints that arise from challenging racism.
- 129 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting notes that LGBT people face inequalities when accessing healthcare. LGBT people are being put further at risk by real-terms cuts to sexual health, mental health and drug and alcohol services. Therefore:-
 i) the board of science should review evidence relating to increasing health inequalities LGBT people face;
 ii) the BMA should lobby to reverse cuts and increase funding to services to address any inequalities the report finds;
 iii) the BMA should lobby to increase funding to gender services to help address the extreme wait times faced by transgender and non-binary individuals.
- 130 **Motion** by TOWER HAMLETS DIVISION: That this meeting agrees with Prof Sir Michael Marmot that society must be built back fairer following the Covid-19 pandemic and that there must be no return to austerity.
- 131 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting welcomes the Dacre report highlighting the significant gender pay gap in medicine and insists that the BMA produces an annual report to the Annual Representative Meeting to include what actions have been taken by the BMA and, where practical, up to date data on the gender pay gap.
- 132 **Motion** by SHEFFIELD DIVISION: Recognising systemic racism highlighted by the Black Lives Matter movement we call on the BMA to lobby to enforce ethnicity pay gap reporting and a report to be done as has been done for the gender pay gap.
- 133 **Motion** by NORTH WEST WALES DIVISION: That this meeting asks the BMA to ensure that medical managers appointments reflect the composition of the medical profession by ensuring diversity and fairness in appointments and offers management training throughout all doctors training and careers.
- 134 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting deplores suggestions that the NHS should be staffed solely from those who received their primary medical qualification and training from within the United Kingdom as such proposals are:-
 i) unrealistic;
 ii) divisive, discriminatory and obnoxious;
 iii) depriving the NHS of both the necessary professional and cultural diversity required to successfully provide services to a multicultural society;
 iv) ignoring the fact that the practice of medicine and the medical profession itself is essentially international in nature;

and instructs the BMA to use all means to educate the public and to dissuade the government from pursuing such a policy.

- 135 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting recognises that colonisation created global power imbalances that continue to cause inequalities in health that disproportionately impact minority groups in the UK and:-
 i) recognises that failure to decolonialise the medical curriculum and medical training perpetuates colonial attitudes, impedes access to global health knowledge, fails to equip students and doctors to care for an increasingly diverse population and under-represents additional knowledge held by doctors from UK minority groups;
 ii) calls for the BMA to lobby for the decolonialisation of UK undergraduate and postgraduate medical training.
- 136 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting notes the disproportionate death rate amongst BAME health workers due to Covid-19:-
 i) it notes that currently there is no routine data collection of ethnicity linked to age of retirement of doctors;
 ii) it recognises that if there is an ethnic disparity in age of retirement further exploration may yield potentially useful information about causes of the disparity;
 iii) it therefore asks the BMA to establish a way by which ethnicity data linked to age of retirement can become routinely collected.
- 137 **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting:-
 i) notes the recent Employment Appeal Tribunal ruling that a belief that biological sex is real, important and immutable, is protected under the UK's equality laws;
 ii) holds that such a belief does not presuppose transphobia or a lack of respect for people with diverse gender identities;
 iii) believes that there should be a 'hierarchy of protected characteristics' and that care should be taken to ensure that those of all protected characteristics can be reasonably catered for in a respectful and appropriate manner;
 iv) holds that healthcare settings must make suitable provision both for transgender people and for biological women;
 v) believes that medical records should record biological sex as well as gender identity and preferred title.
- 138 **Motion** by LONDON REGIONAL COUNCIL: That this meeting believes that sex and gender are both important in health care provision. The BMA believes:-
 i) medical records should record sex at birth as well as gender;
 ii) former medical records before any change of gender should be readily available to health care providers for safety reasons;
 iii) health care providers should be reminded that exemptions under the Equality Act (2010) allow for single sex spaces for the provision of care and for the provision of facilities for health workers in the workplace;
 iv) when developing policies in relation to any of the protected characteristics in the Equality Act, healthcare providers should do equality impact assessments across all protected characteristics;
 v) data collection according to sex is important for medical research. Data on gender, or gender identity, should be collected in addition to, not instead of, sex;
 vi) inclusive language for the provision of health care services, especially, public health messages and health education, should use words that ordinary people understand

such as women, breast feeding, and mother. That does preclude inclusive language for trans people, but it should be in addition to, on not instead of, words that refer to women;

vii) the BMA should arrange opportunities for doctors to explore, be informed about, discuss and debate this important issue.

139 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that sex and gender are both important markers in health care provision. It declares that the following should be adopted as BMA policy:-

i) medical records should record sex at birth as well as gender;

ii) former medical records preceding any change of gender should be clearly and easily available to health care providers;

iii) health care providers should be reminded that exemptions under the Equality Act 2010 allow for single sex spaces for the provision of care and for the provision of facilities for health workers in the workplace;

iv) when developing policies in relation to any of the protected characteristics in the Equality Act 2010 health care providers should do equality impact assessments across all protected characteristics;

v) data collection according to sex is important for medical research so data on gender or gender identity should be collected in addition to, not instead of, sex;

vi) inclusive language for the provision of health services, especially public health messages and health education, should use words that are easily understood such as "women," "breast-feeding" and "mother", which does not preclude additional inclusive language for trans people;

vii) the BMA should arrange for opportunities for doctors to explore, be informed about, discuss and debate this important issue.

140 **Motion** by ISLINGTON DIVISION: That this meeting believes that a patient's sex and gender are both important markers in health care provision. The medical records should:-

i) record sex at birth as well as gender (Later in life);

ii) former medical records before any change of gender should be readily available to health care providers for safety reasons;

iii) data collection for medical research with regard to sex is important. Data on gender or gender identity should be collected in addition, not instead of, sex.

141 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting deplores the lack of catch up support being offered to school students who have been negatively impacted by schools being closed during the Covid-19 lockdown. We are particularly concerned about the evidence of differential attainment linked to socio-economically deprived backgrounds. The BMA should lobby government to put in place focused tutoring to support students in STEM subjects during years 10-13 of their school career.

142 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting deplores the culture of attendance awards at school which result in presenteeism and often discrimination against disabled children. We call on government to engage schools with rewards systems which work holistically for the benefit of individual children rather than punishing them for illness.

- 143 **Motion** by ISLINGTON DIVISION: That this meeting notes that by November 2020 60% of deaths involved disabled people and those with learning difficulties and demands urgent review of services for those with all forms of disability, including those with learning difficulties.

PART 2 - BMA STRUCTURE AND FUNCTION

- 144 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting requests review of Representative Body seat allocation:-
 i) to distribute geographically-allocated seats equitably between the regions in England and the devolved nations according to the number of members in each;
 ii) within each region in England and each devolved nation to distribute Division seats equitably according to the number of members in each;
 iii) to allocate a minimum of three seats to each Regional Council in England, additional to any unused Division seats in that region.
- 145 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting insists that the Romney report is not forgotten, that there is no place for sexual harassment or discrimination in the BMA, and requires the BMA to provide an annual report to this meeting to include the number and type of all relevant complaints and outcomes, and all actions taken that year to ensure and assure appropriate behaviour by elected members and staff.
- 146 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting recognises the vital importance of regional councils to improve engagement with membership and supports the need to provide regional councils access to all necessary resources to be able to pursue their objectives. These resources to include:-
 i) full time regional co-ordinator;
 ii) defined budget proportionate to membership in each regional council area;
 iii) allocated seats for ARM for regional councils.
- 147 **Motion** by BURTON & DISTRICT DIVISION: That this meeting requires members to be notified immediately when their voting division is changed so that they are aware of the change and may choose to revert to their former voting division.
- 148 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting calls on the BMA to review its policies and processes in order for BMA council to be more representative of the diverse medical workforce it represents at all levels.
- 149 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes the reports from conferences (including ARM) outlining the work that the BMA has performed in meeting the aims of motions passed at previous conferences. We call on the BMA to:-
 i) allocate resources to ensure regional comms, outlining this work is provided after each conference;
 ii) implement a mechanism, prior to the next ARM, for members to feedback to the BMA their opinions on the progress made on these motions; and
 iii) ensure all conferences publish both the actions taken to meet the aims of motions passed & any feedback obtained as to the satisfaction of the membership with these actions.

- 150 **Motion** by WELSH COUNCIL: That this meeting is concerned that non-BMA-members have the right to vote on BMA committees and claim expenses in the same way as BMA members. This could be seen as a conflict of interest if a member of a committee is not a member of the BMA. This conference therefore calls on the BMA, as a trade union, to amend its articles and bye-laws, in particular Paragraph 90(1), so that non-members do not have the privilege of being voting members of BMA committees.
- 151 **Motion** by WELSH COUNCIL: That this meeting recognises that the BMA is a four-nation association and that awareness of each nation's distinct history, culture and political climate is essential to the strength of our UK-level work and achieving positive outcomes for all members. We therefore call upon this meeting to ensure that:-
 i) induction to all UK committees and conferences includes information on the context and work the BMA is undertaking in each of the four nations;
 ii) elected reps are regularly reminded of the need to consider the contexts and cultures of each of the four nations when contributing to UK-level work;
 iii) any UK-level policy passing meeting includes separate sections for England, Northern Ireland, Scotland and Wales, with at least 2 motions for debate in each nation's section;
 iv) data are published regarding the proportion of delegates from each of the four nations for ARM and any other UK-level conference or meeting involving a UK-level representative or member vote.
- 152 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting strongly believes that it is now the time to truly deliver the duties and powers to regional councils which are comparable to the national councils of the devolved nations and demands:-
 i) that adequate resources such as secretarial support must be delivered to make this a reality;
 ii) regional councils must be included in the list of committees and groups which are automatically invited to comment on BMA consultations;
 iii) central communications and policy services are responsive to regional council needs.
- 153 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes over-representation of ARM motions chosen for debate from some divisions and regions at the 2020 ARM and calls on the BMA Agenda Committee to receive anonymised motions to eliminate bias in selection of motions for future ARM and put in place a transparent governance system to ensure the intent of this policy is not circumvented.
- 154 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recognises disparity across the UK regarding time off for representatives to attend BMA national and regional meetings and calls on the BMA to:-
 i) develop clear guidance for representatives on rights to time off for activities and include reference to what other representatives have negotiated;
 ii) provide targeted support and resources to regional representatives and initiate an information campaign for employers;
 iii) introduce a system to help reimburse unremunerated time for regional representatives;
 iv) extend honoraria eligibility to include all BMA regional committee and council meetings.

- 155 **Motion** by WELSH COUNCIL: That this meeting in respect of the DDRB recognises that the review body is now reporting to four separate governments who can all respond to the recommendations in different ways. In the light of this fact we affirm that the decision on engagement with the DDRB should rest with the national councils of each nation as the best placed to understand and support the best interests of doctors in their nations in dealing with their own governments.
- 156 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting congratulates the work that has commenced to rejuvenate and enhance regional councils and:-
i) supports the principles of the previous BMA regionalisation and localisation projects to enhance the BMA's regional focus;
ii) urges the BMA to commit further resources and support to assist regional councils to take forward their ambitious workplans;
iii) calls for regional councils to receive their own allocation of ARM seats, additional to division seats.
- 157 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls upon the BMA to investigate racism and discrimination within the BMA organization.
- 158 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting emphatically reiterates that the BMA's current structure and function relies upon the decision-making primacy of conferences (over committees) in policy-setting and requires that all committee standing orders and byelaws of the association which permit conference policy to not be enacted (by deferral or non-acceptance) be immediately reviewed as a governance concern.
- 159 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting thanks Dr Helena McKeown for her exceptional service to the BMA and the profession over many years and particularly thanks her for excellent chairship of this body.
- 160 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes with concern that there seems to be a glass ceiling for women in the BMA: there has never been a female chair of council or treasurer and that the recommendations of the Romney review do not appear to be progressing towards full implementation. We call for:-
i) an investigation into the progress of the BMA against the outcomes of the Romney review. Reporting to ARM 2022;
ii) a professional independent of the BMA to conduct rigorous exit interviews with women who leave/have left senior BMA positions.
- 161 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting censures UK Council for its decision to enact Byelaw 69 (3) in the case of Policy 2021 on withdrawal from the DDRB and pay issues.

PART 2 - PENSIONS

- 162 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting deplores the statement by the Universities Superannuation Scheme that the overall contribution rate would need to rise to at least 42.1% of payroll. Conference notes that the total contribution from employers and active members of the scheme is already set to rise to 34.7% from this October – split 23.7% and 11% respectively. This meeting is concerned that, despite the principle of pay parity, the USS requires higher contributions with poorer benefits in return than the NHS pension schemes and that transfer to an NHS scheme has been made harder since the last set of changes to USS. This meeting, therefore, calls on the governments of the UK to:-
 i) recognise the threat that the lack of pay parity poses to the future of academic medicine;
 ii) recommit to the principle of pay parity, including for pensions;
 iii) establish a mechanism whereby clinical academic staff can return to an NHS pension scheme without detriment and without leaving university employment should they wish to do so.
- 163 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting demands that all NHS doctors are automatically sent a statement every year by the NHS Pensions Agency stating their Annual allowance calculation even if the Agency believes no tax is due.
- 164 **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting sees no justification for tiered contribution rates in a CARE pension scheme.
- 165 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes that whilst Medical Members of the Tribunals Service have now been provided with a pension by the Ministry of Justice that this is a defined contribution scheme whereas legal members of the Tribunals Service have had access to a defined benefit scheme for several years. This is inequitable and this meeting instructs the BMA to utilise all means possible to ensure that medical members' pensions are the same defined benefit scheme as legal members.
- 166 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes that whilst Medical Members of the Tribunals Service have now been provided with a pension by the Ministry of Justice that this is a defined contribution scheme whereas legal members of the Tribunals Service have had access to a defined benefit scheme for several years. This is inequitable and this meeting instructs the BMA to utilise all means possible to ensure that medical members' pensions are the same defined benefit scheme as legal members.
- 167 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: Pension Taxation is a complex situation and many people don't realise they are liable for a pension bill. The BMA calls for NHS pensions to give an annual allowance statement to all Pension contributors annually, thereby giving everyone the ability to tax plan and reduce the risk of large unexpected bills.

- 168 **Motion** by LONDON REGIONAL COUNCIL: That this meeting applauds the government's introduction of pension reform for judges. We call for full and immediate BMA priority being given to negotiating a tax unregistered pensions scheme for NHS staff, allowing us to practice without fear of the annual and lifetime allowances.
- 169 **Motion** by CONSULTANTS CONFERENCE: That this meeting 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 tomorrows doctors to take on NHS works as required whilst mitigating the consequences of unfair and complicated taxation.

PART 2 - DOCTORS' PAY AND CONTRACTS

- 170 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes the dissatisfaction of doctors with the DDRB process for the last decade. We call on the BMA to:-
 i) obtain legal advice before the end of 2021 on the prospects of successfully undertaking a judicial review into the decision-making process of the DDRB over the last decade;
 ii) share that legal advice with all branches of practice;
 iii) launch a judicial review of the decision-making process of the DDRB, should the legal advice suggest that a judicial review would be favourable to the BMA, within the next BMA session; and
 iv) obtain legal advice on the legitimacy of clause 8.1 of the Junior Doctor 2019 framework agreement & implications in the event this clause is breached.
- 171 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting welcomes the BMA Locally Employed Doctors (LED) campaign and calls on:-
 i) NHS Trusts to offer 2021 SAS contracts to all eligible locally employed doctors/ Trust Grades;
 ii) NHS Trusts to ensure that Locally Employed Doctors are provided with adequate training and development opportunities as well as access to exception reporting for missed breaks, additional hours and missed training where required;
 iii) NHS Trusts to include locally employed doctor representation on every Junior Doctor Forum in England;
 iv) employers to ensure all locally employed doctors have an educational supervisor and Tutor for professional development;
 v) the BMA to highlight the plight of Resident Medical Officers, employed by private companies yet contracted to work in the NHS under unfavourable pay and terms and begin a campaign to persuade Trusts to offer improved contracts for these staff.
- 172 **Motion** by SALISBURY DIVISION: That this meeting is gravely concerned by the numbers of doctors who are exhausted by their work during the Covid-19 pandemic and:-
 i) asks that the medical profession be given breathing space to rest and recuperate;
 ii) demands the removal of target for elective work;
 iii) calls for the choice of extra pay or additional annual leave as options for any extra work members choose to take on.

- 173 **Motion** by SALISBURY DIVISION: That this meeting acknowledges that the Covid-19 pandemic has created long waiting list and a huge back log of work but believes that a rested workforce is the best and safest way to address waiting list and call for targets to be lifted.
- 174 **Motion** by KESTEVEN DIVISION: That this meeting is concerned about the huge waiting lists in NHS specially following the pandemic. It is important BMA demand NHS employers do not force undue workload on staff to the detriment of staff wellbeing and health nor compromise patient safety by giving importance to quantity over quality.
- 175 **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting recognises the value of SPA time in building effective and efficient clinical services and demands defined minimum SPA levels in consultant and SAS doctor contracts beyond what is needed for revalidation.
- 176 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting reiterates the BMA's policy that pay must not rise by less than inflation. We therefore instruct the BMA that all future annual pay rises must be expressed to members as annual (prospective predicted) RPI +/- %rise (RPI changing to CPIH only when student loan repayments change to this measure).
- 177 **Motion** by KESTEVEN DIVISION: That this meeting the pandemic has proved that many jobs can be done working from home. Hence BMA should negotiate with NHS employers to change the job planning guidance to enable all SPA to be done flexibly and remotely where possible.
- 178 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes that in years past expenses associated with setting up home-working spaces or facilities to be non-resident on-call were refunded by employers (such as line rental on a home phone line). We demand that the BMA negotiate with NHS organisations to reinstate such provisions in light of the increased home-working requirements highlighted by the Covid-19 pandemic.
- 179 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists that in "resetting" the NHS post pandemic, the coronavirus regulations must not be misused to impose new permanent, non-negotiated or non-resourced methods of working and that the BMA must negotiate accordingly.
- 180 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting insist the government provide timely release and implementation of DDRB recommendations by the end of March every year (provided that the BMA is actively engaging with the DDRB and the alternative better mechanism is not established).
- 181 **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting instructs the BMA to insist that trainees of all grades be rostered for protected training time.
- 182 **Motion** by SALISBURY DIVISION: That this meeting asserts that members' work should be valued and rewarded and:-
i) calls for advice and guidance services to be included in job plans and properly resourced;

ii) calls for increased patient access through remote consultations should attract an appropriate increase in pay.

- 183 **Motion** by BOLTON & WIGAN DIVISION: That this meeting notes the derisory, sub-inflation 1% pay rise to many NHS workers, including many of those who have been on the pandemic front line. This demonstrates that the clapping and weasel words of senior government ministers are hypocrisy and that they actually treat those hard working, selfless and brave colleagues with contempt. We stand with our colleagues.
- 184 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: To oppose Trusts/HSC attempt to recoup 20-21 and 20-22 spending via cost cutting and reducing Medical Staff Job Plans/Paid Hours that do not reflect their actual time working.
- 185 **Motion** by SCUNTHORPE DIVISION: That this meeting believes that years of pay restraint and lack of a real recognition of the enormous burden of the Covid-19 pandemic on our profession in this year's pay award will further demoralise the medical workforce and that urgent reform of medical pay must be undertaken to ensure that patient care will continue at a high standard.
- 186 **Motion** by TOWER HAMLETS DIVISION: That this meeting supports the demand of other health unions for a 15% pay rise for NHS workers.
- 187 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that staff Car Parking charges at NHS sites are a covert pay cut for NHS staff and a tax on coming to work. These charges were suspended during the pandemic and we see no justifiable reason why any charges for NHS staff parking should be reinstated.

PART 2 - WORKFORCE

- 188 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting recognises the profound impact of understaffing on both patient safety and staff wellbeing, and calls upon the BMA to:-
 i) work with the medical royal colleges to develop a system of national minimum staffing for all grades of medical staff in different clinical settings;
 ii) lobby for the introduction of such ratios in all NHS services across the UK.
- 189 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the UK government to recognise the serious crisis in retention of doctors, nurses, allied health professionals and clinical scientists to deliver safe patient care and demands adequate level of staffing to deliver holistic care.
- 190 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls upon the BMA to lobby relevant bodies to study and implement a safe doctor to patient ratio.
- 191 **Motion** by SCOTTISH COUNCIL: That this meeting is alarmed by the backlog of investigations, surgeries and clinic appointments caused by Covid-19 and implores government to increase medical and nursing staff numbers urgently as the cornerstone of any recovery plans.
- 192 **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting demands there must be no transfer of work between secondary care and primary care or vice versa without an accompanying financial and manpower resources and in the

production of all shared care protocols and care pathways, this should be mandatorily considered and an appropriate tariff agreed.

- 193 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes as a consequence of Brexit the reduction in hours required to qualify and register as a nurse and reduction in hours in practice for medical students. We mandate the BMA to develop a strategic document which explores the impact of these changes on the foundation training for doctors and the wider healthcare workforce.
- 194 **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting encourages a reduction in the constraints placed on clinicians returning to service in the NHS following a career break.
- 195 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is appalled at the continuing significant erosion in the rate of consultant pay by up to 28.6% and insists to improve morale, recruitment and retention that the government:-
 i) awards a minimum of 5% increase in pay backdated to 1st April 2021;
 ii) rewrites their remit letter to the DDRB to state that their recommendations with regard to consultant pay should include a plan to address the erosion within five years;
 iii) agrees a permanent solution with the BMA so that no one in the NHS is penalised for working longer hours or taking on additional duties due to inappropriate and draconian pension tax charges.
- 196 **Motion** by SALISBURY DIVISION: That this meeting:-
 i) is concerned about the capacity to train the medical apprenticeship especially in primary care;
 ii) asks to consider alternatives to medical apprenticeship such as widening access to medical school by facilitating entry to part time studying in medical schools.
- 197 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting urgently demands a review of workforce requirements to account for the impact of Brexit, the increased demands on the medical profession with the newer digital ways of communication and the significant backlog that has built up secondary to the pandemic.
- 198 **Motion** by SCUNTHORPE DIVISION: That this meeting does not want the numbers of retired members to increase to the detriment of patient care and asks the association to impress on HMG the importance of retaining skilled doctor in practice by investing in NHS and improving the oppressive environment in which many of our colleagues currently practise.
- 199 **Motion** by SCUNTHORPE DIVISION: That this meeting expresses concern that health care professionals, including nurses, are retiring early or are abandoning clinical work completely and that urgent action is required to once again make clinical work attractive.
- 200 **Motion** by SCUNTHORPE DIVISION: That this meeting believes that realistic workforce planning is essential for both secondary care and general practice as the recurrent announcements of additional GPs and hospital doctors by dates in the future are clearly unrealistic as numbers are declining due to the continuous attrition rate of doctors who resign, retire early or emigrate and there seems to be no consideration

on the source of doctors to meet the numbers in the announcements. This meeting calls on the government to consider how additional doctors will be sourced and to increase the number of places in medical schools to an evidence-based level to satisfy the future needs of the UK medical workforce which will enable all doctors to provide a proper safe service to their patients and with a good work/life balance.

- 201 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting asks the BMA to work with other stakeholders such as the Health and Care Professionals Council (HCPC), Royal College of Nurses (RCN) and Royal College of Midwives (RCM) to create and publish a lexicon of job titles for medical and non-medical healthcare workers in order to reduce ambiguity and patient confusion.
- 202 **Motion** by NORTH WEST WALES DIVISION: That this meeting asks the BMA to ensure that all medical managers exhibit compassionate leadership during their tenure and they strive to reduce bullying and resolve disputes fairly and supportively in their practice.
- 203 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls for improved national guidance on return to work following maternity and long-term sickness to provide more equitable pay and support to individuals on phased return across England.
- 204 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting notes that ‘physician associates’ are not members of the medical profession, and demands that in order to avoid misleading patients and enable informed consent to treatment, the title of ‘physician associate’ as used in the UK generally and by the BMA, reverts to ‘physician assistant’ - as it was until 2013, and as it is elsewhere in the world.
- 205 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is deeply concerned at the continued lack of any coherent NHS workforce planning, noting as examples the continuing fall in GP numbers and the recent chaos of anaesthetic ST3 job allocations, and asks the BMA to demand that the U.K. and devolved governments develop a proper workforce policy and a fit for purpose organisation to deliver this.
- 206 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting condemns successive governments’ failures to retain the medical workforce, and calls upon the current governments to ensure appropriate financial recognition of long serving clinicians and also ensure there are no financial disincentives to work more hours or more years.
- 207 **Motion** by ISLINGTON DIVISION: That this meeting notes that overseas staff and doctors form a large part of the NHS workforce. This meeting calls for promotion of a diverse workforce to reflect the UK’s diverse population.

PART 2 - SAFE DOCTORS, SAFER PATIENTS

- 208 **Motion** by NORTH EAST LONDON DIVISION: That this meeting is alarmed at the incidence of increased resignations and burnout amongst doctors, especially during the excessive workload caused by the pandemic, and demands that government generate solutions to address this issue.
- 209 **Motion** by SOUTH WEST LONDON DIVISION: That this meeting demands a fully comprehensive occupational health service for all doctors working in the NHS for their physical, mental and social health. Considering the events of the last year, this surely is desperately needed and deserved.
During this pandemic, lasting more than one year and with no end in sight, there has been unimaginable loss of life and severe illness amongst the medical profession. Even less appreciated are the consequences in the form of the debilitating illness that is Long-Covid.
Despite this many doctors have continued working throughout to the detriment of their own health. Many doctors present late to fellow colleagues, and tend to minimise their own symptoms until their health is at a critical state. It is vital that they be supported at all times by professional services focused on their own welfare.
- 210 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises that the Covid-19 pandemic has enforced a change in how attending work when ill, or presenteeism is viewed. We call on the NHS to develop a strategic view on supporting doctors and medical students to take time away from work when they are ill in order to reduce risks of burnout.
- 211 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes that there are many doctors who are burned out due to the disruption and demand of service during the pandemic. The conference calls on the BMA to:-
i) carry out a review of mental health impacts among all doctors and medical students;
ii) lobby for additional special paid leave for mental and physical wellbeing purposes, for doctors following the pressures of restoring services.
- 212 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is concerned that Freedom to Speak Up Guardians lack authority and accountability and often have conflicts of interest and instead proposes that Guardians should be appointed by NHS England or the national Guardians office and be accountable to them rather than Trust management.
- 213 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned over the extraordinary workload of doctors over the last year due to the Covid-19 pandemic which has led to so much stress and burnout and asks the Association to present the evidence of this high workload
pressure in all branches of medicine to NHS England and the government and demand proper investment in a fully-funded occupational health service for all doctors in all specialties of general practice, hospital and community medicine.

- 214 **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
 i) demands that ITU bed numbers must be brought up to at least the European average;
 ii) further demands that bed numbers in new hospitals must be properly planned to serve the population needs and brought up to at least the European average.
- 215 **Motion** by TOWER HAMLETS DIVISION: i) that this meeting notes that the Covid-19 pandemic has brought the under resourcing of the NHS into sharp focus.
 ii) recognises that the consequences of Covid-19 infections and the associated increase in poverty and inequality will have a major long term effect on mental and physical health and that the capacity of the NHS across all sectors needs to be increased to provide for this.
 iii) demands that future health care needs to be assessed nationally and locally and an emergency programme planned and funded to meet this.
 iv) this meeting demands that NHS funding must be brought up to the European average per capita as a minimum.
- 216 **Motion** by SALISBURY DIVISION: That this meeting is concerned by the numbers of patients on long waiting lists for elective procedures and asks that trials are considered whilst patients wait on lists with due ethical consideration into no treatment versus active non-surgical interventions.
- 217 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting is seriously concerned about the increasing hospital waiting list and urges urgent action to provide safe and timely patient care.
- 218 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the disproportionate impact of exceptional and emergency rotas on shift length on pregnant doctors and calls on the BMA to lobby for targeted support for doctors in this situation.
- 219 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting supports the rights of new parents to breastfeed and express breastmilk in a safe and suitable environment. All workplaces should be required by law to risk assess breastfeeding parents and provide appropriate facilities to express, which should include, at a minimum: an accessible, private, clean space; access to a fridge; and a lockable space to keep expressing equipment. We call on the BMA to lobby government to enact these safety measures and believe that all NHS settings should implement these measures for employees immediately.
- 220 **Motion** by SCOTTISH COUNCIL: That this meeting recognises the increasing pressure on the medical workforce, and the importance of ensuring every doctor has support available to them at every stage of their career. We recognise the valuable work done already by the BMA in establishing a wellbeing support directory and providing the peer support and counselling services to all, regardless of membership. We also commend the work done by others, specifically the FY1 Buddy Network and ask that the BMA work with them to develop a UK-wide mentoring network for all doctors and medical students.

- 221 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the benefits of recording patient wishes, but also recognises the huge anxiety that “do not attempt CPR” records have caused. We call on the BMA to work with stakeholders to lobby for:-
- i) portable treatment escalation plans with a standardised approach across all UK healthcare settings which can record a patient’s treatment escalation plans in an accessible format;
 - ii) clear protocols for re-assessing and consulting with patients to ensure any plans reflect an individual’s wishes at key life stages.
- 222 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting calls upon all branch of practice committees in the BMA to work together to ensure all healthcare organisations encourage safe clinical care during the recovery phase by:-
- i) ensuring onward referrals are actioned by the clinician who determines that a referral is required;
 - ii) ensuring patients can easily cancel or rearrange appointments and to have it confirmed that they will be seen in due course;
 - iii) lobby the departments of health to ensure all patients are notified at least every 3 months of their status on the waiting list for outpatients’ appointments or procedures, with information detailing who they should contact if their condition were to change during their wait;
 - iv) lobbying the departments of health for a massive increase in investment in human resources across the NHS including, but not limited to:
 - a) doctors
 - b) nursing & allied healthcare professionals
 - c) diagnostic services
 - d) administrative and secretarial staff
 - e) public health
 - v) lobbying the departments of health for a massive programme to improve NHS estates to house the increased workforce and activity.
- 223 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recognises the huge courage that is often required to act as an advocate for patients and:-
- i) welcomes the GMC policy and encouragement to whistle-blowers;
 - ii) believes that employers who do not promote a culture of openness are failing in their duties to staff and patients alike;
 - iii) calls on the BMA to promote a Just and Learning culture via LNCs and Social Partnership Forums across the UK.
- 224 **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting demands at least one guardian of safe working hours located within each region for GP and public health trainees.
- 225 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting believes no pregnant person should be forced to take any risks to their baby's life or wellbeing, and:-
- i) calls for clear guidance for pregnant doctors on prolonged standing, shift work and night shifts;
 - ii) calls on the BMA to negotiate the right to opt out of long shifts and night shifts for pregnant doctors without any negative repercussions on the individual;

iii) calls on Trusts to ensure that adequate facilities are provided for staff to breastfeed.

PART 2 - NATIONAL HEALTH SERVICE

- 226 **Motion** by TOWER HAMLETS DIVISION: i) That this meeting condemns the sale of AT Medics to Operose, a UK subsidiary of US health insurer Centene and is appalled at the cynical use of the pandemic to drive the change through with minimal scrutiny.
ii) This meeting demands that the BMA conducts a full enquiry into how this happened and to draw up comprehensive recommendations to ensure that this does not happen again.
- 227 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes:-
i) that the NHS does not need another top down reorganisation now, especially in the context of Covid:-
ii) that the BMA should oppose the Integrated Care Systems proposed in the NHS Bill because they will harm patients and patient care;
iii) that there should be no place for private companies on NHS Boards;
iv) that any new systems introduced should be open and transparent and subject to effective scrutiny and accountability by local people, communities and local authorities;
v) that local councils should retain the powers to refer reconfiguration decisions to the Secretary of State for Health;
vi) that government must reform and adequately fund Social Care and should publish its Green Paper on Social Care as soon as possible;
vii) that the BMA should join with other health unions, professional bodies and patient organisations to develop positive ideas about how better integration of care, both within the NHS and between NHS and Social Care can happen without the need for Integrated Care Systems or another top down reorganisation of the NHS.
- 228 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That the government/Dept HSC set new budgets for the NHS for the next 5 years including costs for suppressing future Covid waves, vaccination development and ongoing administration costs plus core increases above the rate of inflation.
- 229 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is appalled by the disregard shown by government to the moral injury to the profession, caused by the management of the pandemic and its subsequent impact on NHS workload and capacity. Is clear that this will not be addressed through words of thanks and token gestures. Calls for:-
i) urgent funding to expand workforce to meet the ongoing needs of patients which have yet to be addressed;
ii) further additional funding for staff pay increases to recognise the extraordinary effort of all existing healthcare staff across hospital and community services in a similar manner to that done in France.

- 230 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting recognises the profound impact of understaffing on patient safety, quality of patient care, and staff wellbeing, and welcomes the Royal Colleges of Physicians’ “Guidance on safe medical staffing”. We call upon the BMA to:-
- i) lobby the relevant stakeholders to agree and set enforceable guidelines that clearly define what constitutes safe staffing levels by different clinical area and specialty;
 - ii) lobby relevant stakeholders to require all NHS employers in the UK to highlight minimum safe staffing levels in work schedules and on notification of rota;
 - iii) lobby relevant stakeholders to require all NHS employers in the UK to implement and adhere to minimum safe staffing levels for all junior doctors;
 - iv) create a tool-kit for trusts and health boards to enable and assist them to set and adhere to safe minimum staffing levels.
- 231 **Motion** by ENFIELD AND HARINGEY DIVISION: The health and care bill legalizes the setting up of legalises ICS workforces and thus lays the basis for the end of national terms and conditions. This will lead to a race to the bottom on skill mix and hasten the substitution of cheaper non-qualified teams in place of trained doctors and nurses, and must be opposed by the BMA.
- We call on the BMA to organize alongside other unions to preserve national terms and conditions for all NHS staff and prevent deregulation of the workforce, with industrial action as necessary.
- 232 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting is extremely concerned by the vast sums of money spent by the NHS on external management companies, and:-
- i) notes the absence of an NHS-led evaluation into the efficacy of the advice provided
 - ii) recognises the compelling new academic evidence that such external advice increases inefficiency on organisational and accountancy measures.
 - iii) calls on the BMA to take a strong stand against the use of external management companies and insist that NHS financial evaluation and forward planning take place in house.
- 233 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting notes the takeover of 49 General Practices by Operose Health, which is a wholly owned subsidiary of the US Centene Corporation:-
- i) it recognises that the primary profit focus of US Corporations threatens the needs based provision of the whole NHS, thus the Centene takeover is a matter of concern for the whole profession, not just General Practice;
 - ii) it believes that General Practice, as a fundamental part of the NHS, should not be provided by for-profit companies;
 - iii) it calls for the abolition of Alternative Provider of Medical Services Contracts, since these are the key route through which private companies can takeover General Practice.
- 234 **Motion** by KESTEVEN DIVISION: That this meeting would like BMA to demand NHS provide:-
- i) free car parking for all NHS staff at their workplace irrespective of the pandemic;
 - ii) free electric charging points in all NHS car parks to encourage green transport.

- 235 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls upon the BMA to lobby relevant bodies to launch an inquiry into the way the NHS has been managed in the past decade and investigate for organizational abuse and negligence.
- 236 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists that the current wholesale reorganisation of the NHS in England at this time is inappropriate, foolish and unwelcome at a time when the profession as the essential executive arm of the service is too exhausted and busy dealing with the sick to properly consider the issues and instructs the BMA lobby to slow the process down to permit proper debate.
- 237 **Motion** by NORTH DEVON DIVISION: That this meeting asks that NHS 111 nationally should:-
 i) respond with alacrity and flexibility to enable local services to act on patient and health professional feedback;
 ii) be adequately funded to meet high standards and achieve a reduction in delays, stress on staff and patients, and pressure on other NHS provision, particularly 'out of hours'.
- 238 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting asks that NHS 111 nationally should:-
 i) respond with alacrity and flexibility to enable local services to act on patient and health professional feedback;
 ii) be adequately funded to meet high standards, and achieve a reduction in delays, stress on staff and patients, and pressure on other NHS provision, particularly 'out of hours'.
- 239 **Motion** by TOWER HAMLETS DIVISION: i) That this meeting believes that far from abolishing privatisation in the NHS that the removal of the obligation to competitively tender for NHS services detailed in the White Paper will lead to a further influx of private sector providers and fragmentation of the NHS.
 ii) That this meeting believes that the NHS should not just be a logo for state contracted privately provided services.
 iii) This meeting believes that abolition of competitive tendering must be accompanied by a commitment to the NHS and public services as providers.
- 240 **Motion** by TOWER HAMLETS DIVISION: That this meeting believes that PCNs should remain under the control of practices and should not be formed into legal entities.
- 241 **Motion** by SHROPSHIRE DIVISION: That this meeting is concerned that the new NHS white paper (Integration and Innovation: Working together to improve health and social care for all) is a Trojan Horse for more privatisation of an NHS already reeling from underfunding, understaffing and NHS contracts outsourced to hand-picked private providers.
- 242 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all NHS commissioners to fully fund clinical specialist palliative care teams as a core component of modern patient care.

- 243 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is appalled that despite NHSE reinstating the principal of zero tolerance toward abuse and assaults on NHS staff in 2018, <7% of reported physical assaults result in a prosecution, and demands that:-
- i) all NHS staff whether in primary or secondary care should have the right to refuse to treat patients who have physically assaulted staff;
 - ii) all NHS staff should have the right to refuse to treat patients who have verbally abused them;
 - iii) the Governments should provide and pay for effective security services to protect NHS staff working in primary, community, secondary care and all other settings;
 - iv) that the Government publishes annually the data on prosecutions and outcomes for NHS staff assaults, hate crimes and abuse.
- 244 **Motion** by NORTH DEVON DIVISION: That this meeting demands that ethical purchasing be built into procurement, and actively pursued, by the NHS and all its outsourced suppliers.
- 245 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that it is unreasonable that NHS England continues to have the power to allocate excessive new patients into already "full" practices to cover deficiencies in GP numbers and calls for:-
- i) a reasonable maximum number of patients allowed, per full time equivalent GP in any GP surgery;
 - ii) consideration of how practices can contractually be allowed to reduce patient numbers to survive, when facing workforce shortages;
 - iii) responsibility for providing adequate GP numbers/ surgeries to rest with the CCG (ICS) following extensive consultation with local GPs and their representatives.
- 246 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that the increase in workload and increase in work intensity within the NHS is unsustainable, unsafe and is a disincentive to join the profession and increasing the attrition rate and calls for urgent action to limit medical workload to manageable levels.
- 247 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting is appalled at the way the NHS pathology labs and local authority public health were not funded and expanded appropriately to provide all the testing and contract tracing and isolation services needed in the pandemic, which would have helped prevent the 150,000 covid related deaths.
- Instead, £37bn has been wasted to set up a poorly functioning privatised "NHS test and trace" system, using large centralized Lighthouse labs and outsourced call centres and supply chains,
- We call on the BMA to work for all pathology services to be brought back in-house as a matter of urgency.

- 248 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls upon the BMA to consider a class action lawsuit against NHS employers and other relevant bodies to achieve justice and adequate compensation for doctors who have been harmed and whose health has been adversely affected by working in the NHS.
- 249 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting is gravely concerned at the rising levels of aggression and violence towards NHS and social care front line staff and instructs council to use every opportunity to highlight such issues and to lobby for legal changes to make such behaviour a specific crime.
- 250 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting demands that both primary and secondary care have clinical NHS representation on Integrated Care System Boards.
- 251 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes with concern that many ICS areas have failed to include BMA representation on committees, and calls on the BMA to robustly press both NHSE and DH for such representation, not merely as trade union representatives, but as expert professionals.

PART 2 - MEDICINE AND GOVERNMENT

- 252 **Motion** by NORTH DEVON DIVISION: That this meeting acknowledges the benefits of cooperation, and insists that:-
- i) clinical representation is embedded at all levels of Integrated Care Systems {ICS} organisation;
 - ii) seats on ICS Boards should not be given to the profit sector at the expense of clinical leadership places;
 - iii) transparency and accountability is essential in all appointments to ICS Boards, and in commissioning of services.
- 253 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting acknowledges the benefits of cooperation and insists that:-
- i) clinical representation is embedded at all levels of Integrated Care Systems [ICS] organisation;
 - ii) seats on ICS Boards should not be given to the profit sector at the expense of clinical leadership places;
 - iii) transparency and accountability are essential in all appointments to ICS Boards, and in commissioning of services.
- 254 **Motion** by LONDON REGIONAL COUNCIL: That this meeting believes the reconfiguration set out in the Government NHS White Paper is bad for doctors, bad for patients, and bad for the NHS. We call on Council to highlight and oppose the proposed:
1. unaccountable privatisation of NHS services
 2. increased executive powers of the Secretary State for Health.
- 255 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting opposes the health and care bill, because it legislates for ICSs to turn what is left of our NHS into a US style business model of accountable care systems and organisations, which run to make a profit for private companies. ICSs will be able to legally delegate all their functions to health insurance companies such as Centene, Optum-UnitedHealth and -which provide

key Digital and Data services for cheapening care, -to do all their functions for them, thus mimicking the situation in the US where these companies make large profits from privately providing Medicare and Medicaid from a state budget.

This union has always stood for an NHS which is publicly funded and publicly provided; for patient need and not for private profit. We call on BMA Council to launch the biggest campaign in its history against the passage of the health and care bill. This should start immediately and include calling on other unions and the Labour Party to do likewise, with the perspective of mass action by the unions as necessary to stop the passage of the bill.

- 256 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting calls on the BMA to lobby for significant amendments to the Health and Care Bill coming before Parliament in the current session, reflecting the following beliefs:-
- i) that the current proposals open doors to undesirable unregulated contracting;
 - ii) that the current proposals open doors to undesirable movement away from nationally negotiated terms and conditions of work;
 - iii) that the current proposals open the doors for commissioning to be according to provider- led priorities instead of public health needs- based priorities;
 - iv) that private providers should not have seats on Integrated Care System Boards;
 - v) that the current proposals, without free social care provision, are not helpful for advancing social care and health integration.
- 257 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting rejects entirely the government's White Paper "Integration and innovation: working together to improve health and social care for all"; noting that the NHS has had quite enough of top-down reorganisation and that whilst still in the midst of a deadly pandemic is particularly unable to comply with change for changes sake.
- 258 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned about the potential consequences of the government's proposal to reform the Health and Social Care Act 2012 and calls upon the government to:-
- i) ensure that these reforms are not used as a pretext for dismantling elements of the health service that currently function well;
 - ii) to avoid any steps which will serve to undermine the morale of NHS staff.
- 259 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting notes the significant challenges faced by the parents of premature babies and calls for the BMA to actively lobby for:-
- i) change to legislation so that non-compulsory maternity leave does not have to start until the point of the baby's discharge from the neonatal admission;
 - ii) universal access to paid statutory parental leave for the duration of the inpatient neonatal admission for both parents;
 - iii) occupational parental leave for prematurity for NHS staff to be paid at the level of full pay for the duration of the inpatient neonatal admission;
 - iv) paternity leave not to be consumed in the provision of any parental leave for prematurity for the inpatient stay, to allow new fathers to take paternity leave on or after discharge.

- 260 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the significant challenges faced by the parents of premature babies and calls for the BMA to actively lobby for:-
- i) change to legislation so that non-compulsory maternity leave does not have to start until the point of the baby's discharge from the neonatal admission;
 - ii) universal access to paid statutory parental leave for the duration of the inpatient neonatal admission for both parents;
 - iii) occupational parental leave for prematurity for NHS staff to be paid at the level of full pay for the duration of the inpatient neonatal admission;
 - iv) paternity leave not to be consumed in the provision of any parental leave for prematurity for the inpatient stay, to allow new fathers to take paternity leave on or after discharge.
- 261 **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting instructs the BMA to advocate for:-
- i) mothers of premature babies to be entitled to additional paid maternity leave from birth to the expected due date;
 - ii) additional leave for partners of new mothers whose baby is born prematurely;
 - iii) and to lobby parliament for statutory changes.
- 262 **Motion** by SHEFFIELD DIVISION: Recognising that our patients' mental health can be adversely affected by complex immigration requirements, resulting in uncertainty and limitations on their ability to work, we call on the BMA to lobby the Government:-
- i) to create systems which can be explained simply and provide the necessary information to patients;
 - ii) in conjunction with citizen's advice, to develop a service that health professionals can refer to for information;
 - iii) to provide adequate funding for Citizen's Advice Bureaux.
- 263 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting highlights the WHO's statement that follow-on formula milk for infants is unnecessary and is unsuitable as a substitute for breast milk, yet notes that follow-on milk is widely advertised with potentially misleading marketing which can have potentially negative impacts on breastfeeding. This meeting calls on the BMA to lobby the UK Government to:-
- i) bring into UK law World Health Organisation provisions on the marketing of infant formula which have been in place since 1981;
 - ii) proactively monitor formula advertising for breaches.
- 264 **Motion** by TOWER HAMLETS DIVISION: i) That this meeting notes that mortality, especially from respiratory diseases, is reduced by retrofitting home insulation.
- ii) This meeting calls on the BMA to lobby government to invest in a subsidised, extensive programme of retrofitting home insulation which would not only reduce cold associated deaths but would have the added benefit of reducing consumption of fuel needed to heat houses and hence help to combat climate change.
- 265 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting welcomes that there are plans for the disastrous Lansley Reforms to be swept away but require that any commissioning health service body in UK countries must be based upon evidence and must:-

- i) never again represent an unpiloted wholesale reform so large it is visible from space;
 - ii) recognise that primary care based healthcare reduces inequalities and improves efficiency;
 - iii) have a requirement that all bodies commissioning health services have a legal requirement to consult appropriate local medical committees and local negotiation committees.
- 266 **Motion** by LONDON REGIONAL COUNCIL: That this meeting resolves that we are one profession and will not be set against each other by those who seek to divide us. An attack on one branch of practice is an attack on us all and we will work together to defend each other. We refuse to buy into scapegoating and we will spotlight blame on government policies where it truly belongs.
- 267 **Motion** by TOWER HAMLETS DIVISION: That this meeting is gravely concerned at the UK government's appointment of William Shawcross as the new reviewer of the counter-terrorism strategy Prevent. His well-known record and previous statements on Islam bring into question the good faith of the government in establishing the review and fundamentally undermine its credibility. Therefore, this meeting calls on the BMA to:-
- i) join the coalition of 17 human rights groups and hundreds of community groups in boycotting the UK government's review of the anti-radicalisation programme, Prevent, in protest at the appointment of William Shawcross as its chair;
 - ii) call on NHS Trusts, GP practices, and other health authorities to boycott the review;
 - iii) support and engage with civil society groups conducting a parallel review that properly considers both the theoretical and evidential foundations underpinning Prevent, and the harms in application of it (including documenting discrimination and rights violations caused);
 - iv) call on NHS Trusts, GP practices, and other health authorities to support the civil society groups conducting the parallel review.
- 268 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned by the increasing discussion within government about bringing back imperial measures following Brexit, despite the vast majority of countries in the world having already fully adopted metrication, and believes that:-
- i) the metric system is now established as the gold standard, not only in medicine and science, but also in industry and building;
 - ii) the metric system is the predominant system taught in schools and therefore comprehensible to much of the population and;
 - iii) it is essential, regardless of Brexit, that the rollout of metric units continues, and the BMA should strongly condemn any proposal to return to use of imperial units.
- 269 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting directs that the BMA take all steps to ensure that the public understand that, contrary to government posturing, it may be many months before all normal health services can restart and years before waiting list backlogs are cleared.

- 270 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists that health and social care staff deserve the same levels of legal protection as uniformed emergency services personnel with regard to violence assault and aggression and instruct BMA council to lobby for the law to be extended to include health and social care staff.
- 271 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting recognises that there is a significant body of evidence that processed meats are carcinogenic and calls on the governments to:-
 i) introduce food labelling legalisation to indicate this;
 ii) recommend to NHS providers that they consider serving safer alternatives.
- 272 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the fact that removal of impacted ear wax is no longer available for all patients on the NHS. This further disadvantages patients in some areas who are on a low income and already subject to health inequalities. This meeting calls on the Government to provide funding for this service for all NHS patients who require it.
- 273 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting condemns the English government's decision to dismantle Public Health England in the middle of a global pandemic. We call upon the Department for Health to ensure greater investment in the public health function to ensure the country is better prepared for the next pandemic.
- 274 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting believes that:-
 – Income security is important for health; and
 – A universal basic income for each individual in the UK could provide that security. Indeed, a trial of basic income in Finland showed those in the basic income group experienced significantly fewer problems related to health than those in the control group.
 This meeting, therefore, calls on the Governments of the UK to establish a pilot, with evaluation, of universal basic income in the UK.
- 275 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting notes the developing Health Education England proposals for a medical degree apprenticeship and also the recent Education Select Committee Report indicating that lack of targeted support for disadvantaged pupils is causing underachievement in GCSE, A-levels and university entry, and believes:-
 i) the proposals on developing a medical degree apprenticeship should not be dismissed out of hand;
 ii) Council must assess how to best handle any input into the apprenticeship proposals in order to be in a position to constructively influence and, if necessary, challenge the proposals.
- 276 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes that austerity has prevented the effective carrying out of the Lost Ways project envisaged when the Countryside & Rights of Way Act 2000 set a 2026 deadline for applying to add to the definitive map rights of way that existed in 1949, with any omitted right of way not applied for by that date being extinguished. Given the failure of Lost Ways the application of the cut-off date will seriously adversely affect access to the countryside

and walking routes in urban areas. This ARM asks the BMA to consult the Local Government Association and lobby the appropriate Government department in England that the cut-off date should not be applied in any local authority area until that local authority has carried out a thorough comprehensive review of its definitive map.

- 277 **Motion** by SCUNTHORPE DIVISION: That this meeting is very concerned at the huge backlog of patients requiring cancer care and calls on the government to provide a fiscal environment that encourages doctors to work additional hours to tackle the backlog without financial detriment.

PART 2 - PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL

- 278 **Motion** by SCUNTHORPE DIVISION: That this meeting recognises the crisis in the medical workforce and calls on the government and the GMC to revise the arrangements for appraisal and revalidation, bearing in mind that the GMC deemed it acceptable to readmit retired doctors to the register during the pandemic without the need for appraisal and/or revalidation which brings into question the need for practising doctors to expend so much time away from clinical medicine preparing for these hurdles.
- 279 **Motion** by SCUNTHORPE DIVISION: That this meeting:-
 i) is concerned by the number of doctors intending to retire early;
 ii) notes that during the pandemic the GMC was able to suspend the appraisal of practising doctors and re-register retired doctors without need for appraisal and revalidation without obvious adverse effects on patient care;
 iii) believes that this has provided very good evidence for a new approach to appraisal and revalidation and;
 iv) calls on the Association to negotiate a package that drastically reduces the time that appraisal and revalidation take from patient care and that enables sensible use of time for meaningful reflection.
- 280 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the crisis in the medical workforce and calls on the government and the GMC to revise the arrangements for appraisal and revalidation, bearing in mind that the GMC deemed it acceptable to readmit retired doctors to the register during the pandemic without the need for appraisal and/or revalidation which brings into question the need for practising doctors to expend so much time away from clinical medicine preparing for these hurdles.
- 281 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises that fees and bureaucratic burdens for appraisal, revalidation and registration are excessive for doctors with limited clinical practice, whether retired or on career breaks, and calls on BMA Council to consider how the special problems of doctors with limited clinical practice can best be addressed by the Association and by other professional organisations.

- 282 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls upon the BMA to lobby relevant bodies to launch an inquiry into the GMC to look for racism and discrimination within the organization especially in regards to investigating doctors from ethnic decent.
- 283 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting applauds the GMC for addressing the disproportionate pattern of fitness to practise complaints received from employers, in relation to a doctor's ethnicity and place of qualification.
- We would like the GMC to work with the Royal Colleges, the BMA and other doctor-led organisations to develop strategies to deal with the problem.
- 284 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is appalled by the ongoing racism and racist comments experienced by many NHS clinical colleagues and:-
- i) actively encourages all colleagues affected by racist comments and abuse to report it to management and/or the police;
 - ii) demands the right for clinicians to refuse to treat patients who are racist or express racist views which have caused the clinician to feel threatened or traumatised;
 - iii) expects the GMC to investigate whether underlying racism contributes to the excess referrals for fitness to practice of doctors from minority ethnic backgrounds;
 - iv) insists that governments publish an annual report on the incidence of racist attacks and abuse of clinicians from minority ethnic backgrounds and what actions were taken against the perpetrators.
- 285 **Motion** by SHEFFIELD DIVISION: That this meeting believes that in order to maintain and enhance the trust the public has in the medical profession, all GMC registered doctors and medical students should have their declarations of interests published in the public domain.
- 286 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the great contribution made by retired members as Emergency Registered Practitioners (ERPs) during the Covid-19 pandemic and that it is proposed in the consultation "Regulating healthcare professionals, protecting the public" that the GMC will have permanent emergency registration power. We are concerned that ERPs and the public are exposed to the risk of inadequate refresher training, induction, CPD, appraisal, and revalidation and thus instructs the BMA to work with the GMC and Departments of Health to strengthen and improve the ERP programme.
- 287 **Motion** by CONFERENCE OF LMCS: That this meeting calls for all four home nations to recognise UK-wide Medical Performers Lists, geographical boundaries should no longer be a barrier and a mechanism is required to aid both the short and long term movement of virtual and F2F service delivery.
- 288 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting welcomes the General Medical Council targets to eliminate disproportionate complaints from employers about ethnic minority doctors by 2026, and to eradicate disadvantage and discrimination in medical education and training by 2031 but believes these targets are under-ambitious and should be supported by immediate GMC action to support Trusts at which appropriate standards of equality are not met.

- 289 **Motion** by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this meeting is concerned that the appraisal process does not identify rogue practitioners and calls on NHS Employing organisations, the BMA, Medical Royal Colleges, and the GMC to develop alternative methods of assessment separate from the formative aspects of appraisal.
- 290 **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes the serious concerns of doctors about the ability of the GMC to fairly and transparently regulate the profession. We support:
1. the concept of a unitary medical regulator, independent of employers.
 2. "fitness to practice proceedings" which will have panels balanced for race and gender, and with a medical majority
- And we oppose:
1. Any suggestion that the regulatory functions of the GMC, including recognition of medical degrees, award of CCTs, revalidation & licensing, and fitness to practice proceedings can be delegated to any other regulatory bodies or to employing organisations.
- 291 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that the GMC has created an environment of distrust amongst healthcare workers, has added to the enormous stresses of the sector and has led to a number of unnecessary deaths of Doctors under investigation and:-
- i) proposes a more constructive approach to regulation which recognises service pressures and variation in services;
 - ii) propose that GMC be more transparent and better at informing doctors should they choose to keep a record of any complaint;
 - iii) calls for an independent judicial review into deaths linked to GMC reviews;
 - iv) proposes that the GMC pursue only cases which present with offences beyond reasonable doubt with other cases dealt with at local levels.
- 292 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the consultation on healthcare professionals regulators and:-
- i) welcomes the end to double jeopardy as called for by this conference six years ago;
 - ii) opposes any attempts to delegate the performance of any core function of the medical regulator to a third party;
 - iii) opposes the proposed reconstitution of the medical regulator with an unregulated, unrepresentative, undemocratic Unitary Board;
 - iv) would have no confidence in a regulator whose Board is constituted without a significant membership of medical professionals.
- 293 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that it is scandalous that those imposing standards have none that they must abide and calls on the BMA to reaffirm its call for regulation of health service administration that includes a binding, ethically-based code of conduct and individual accountability in order to improve patient safety.

PART 2 - MEDICAL ETHICS

- 294 **Motion** by ISLINGTON DIVISION: That this meeting notes that the Scottish Government has set up an independent group to advise on the use of telemedicine supporting medical terminations at home. The overwhelming evidence is that procedure is safe and welcomed by the majority of women. The meeting urges the English and Welsh Departments of Health to follow the science and legislate to continue this practice, which has resulted in earlier terminations since it was permitted during the pandemic.
- 295 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that conscientious objection should be permitted when practised in accordance with the GMC March 2013 guidance on 'Personal beliefs and medical practice'.
- 296 **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting:-
 i) believes that the moral and ethical integrity of doctors is an essential component of wellbeing and morale in the medical workforce;
 ii) holds that reasonable and proportionate provision for the exercise of individual conscience should be provided for within medicine;
 iii) is concerned that inadequate conscience provision within medicine may on occasion be a cause of significant moral injury for clinicians;
 iv) requests the BMA to align its policy on conscience provision with that of the General Medical Council, in paragraphs 8-16 of their 2013 guidance, Personal Beliefs in Medical Practice.
- 297 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That the BMA actively promote the culture to and protect the right of RMPs to freedom of conscience, freedom of speech/expression and to enforce and enhance protections re raising concerns and whistleblowing.

PART 2 – PHYSICIAN-ASSISTED DYING

- 298 **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-
 i) notes the results of the 2020 assisted dying survey, in which a majority of responders declared themselves personally unwilling to participate in any way in the process of assisted suicide and euthanasia;
 ii) notes longstanding ethical prohibitions on doctors taking life, and the BMA's historic opposition to such practice;
 iii) believes that allowing doctors to participate in assisted suicide and euthanasia risks damaging public trust in the profession, and;
 iv) opposes any attempt to legalise assisted suicide and euthanasia with the participation of healthcare workers.
- 299 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting requests the BMA council to ensure that:-
 i) if euthanasia or assisted suicide is ever legalised in the UK, medical assessment for eligibility is undertaken by dedicated specialist teams;
 ii) involvement of patients' usual clinicians should only extend to supplying their medical records and clarifying any relevant issues within that record.
 And this meeting recognises that:
 iii) as evidenced in the recent membership survey, a majority of members is unwilling to participate in any regime of legalised assisted suicide or euthanasia;

iv) this unwillingness stems to a large extent from an awareness that many of the criteria envisaged by advocates of 'assisted dying' lie outside the professional competence of doctors to assess.

300 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting notes that the results of the recent BMA opinion survey on assisted suicide and euthanasia, showed that:-

- i) a majority of respondents expressed unwillingness to participate in assisted suicide or euthanasia practices if legalised;
- ii) a majority of those opposed to a change in the law practised in specialities with most day-to-day contact with terminally ill people;
- iii) the BMA current stance of opposition to 'assisted dying' reflects the view of those members whose clinical practice would be most adversely affected by a change in the law that involved doctors in assisted suicide or euthanasia.

301 **Motion** by LONDON REGIONAL COUNCIL: That this meeting:-

- i) is deeply concerned by significant inter-specialty discrepancies between views expressed in the recent physician assisted dying survey;
- ii) believes that BMA policy has a significant influence in shaping public and political debate, and needs to be based on a comprehensive assessment of evidence, and;
- iii) calls for the BMA to establish a working group to better explore the views of those specialty groups most opposed to a change in law before any change in BMA policy on assisted suicide and euthanasia takes place.

302 **Motion** by NORTH EAST REGIONAL COUNCIL: In recalling the work of ELCPAD conducted in 2016 this meeting deplores the lack of progress made in pursuing the call for End-of-life care to be prioritised by all UK governments in terms of both planning and funding. We believe that in regards to End of life care, priority should be given to this call over and above any other lobbying efforts in this field of care.

303 **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting welcomes the results of the Association poll on Physician- Assisted Dying but does not consider that they are sufficiently decisive to justify any change on the current stance of the Association on this issue.

304 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting affirms the BMA's stance in opposing legalising assisted dying in the United Kingdom.

305 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That the BMA should maintain it's opposition to the introduction of legislation re assisted dying.

306 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is ashamed that people die in distress in the UK due to inadequate provision of good end of life care. It calls for the BMA to maintain strong opposition to assisted dying and euthanasia, to protect our patients and protect our professional consciences and ethical standards. In light of the anxiety felt by many elderly and vulnerable people in the country about the impact of the current Covid-19 pandemic on their future care and, possibly, on their survival, it is even more essential that the BMA protects and reassures them, by maintaining unwavering opposition to assisted dying.

- 307 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the BMA:-
- i) to maintain its opposition to physician assisted suicide and physician administered euthanasia;
 - ii) to remain engaged in the public debate on assisted suicide and euthanasia; and
 - iii) to insist that any future legislation on assisted suicide and euthanasia removes assessment of requests for lethal drugs from clinical practice and limits the participation of doctors to the provision to a decision-making body, such as the courts, of professional advice on strictly-medical aspects such as diagnosis and prognosis;
 - iv) to make clear that opinion among the Association's members is divided on both the principle and the practical aspects of assisted suicide and euthanasia; and that a majority of practising members would be unwilling to participate in such practices in the event that they were to be legalised;
 - v) to make clear that the greatest opposition to such practices is amongst those doctors with the greatest experience in care of dying patients;
 - vi) to insist that doctors should not be gatekeepers on assessing any exemption to the national suicide prevention policy.
- 308 **Motion** by ISLINGTON DIVISION: That this meeting notes the results of the BMA's survey on physician-assisted dying and recognises that 40% of respondents feel the BMA should adopt a supportive position on a change in the law to permit doctors to prescribe drugs for eligible patients to self-administer to end their own life, with 21% voting for a neutral position and 33% voting for an opposed position. This meeting calls on the BMA to:-
- i) adopt a neutral position on physician-assisted dying;
 - ii) engage constructively during physician-assisted dying bills before the Westminster & Holyrood Parliaments;
 - iii) ensure that any physician-assisted dying legislation drafted by Parliament includes provisions for doctors to conscientiously object to and conscientiously participate in any aspect of the physicians-assisted dying process;
 - iv) continue to promote funding of and access to specialist palliative care;
 - v) call upon Parliament to support informed and evidence-based decision making that also incorporates the views of dying people.

PART 2 - SCIENCE, HEALTH AND SOCIETY

- 309 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls upon the BMA to demand that the NHS urgently establishes and implements a total inclusion plan for sustainability and greatly decreases its carbon footprint. This plan should include:
1. A shift away for single use equipment
 2. Innovative sterilization procedures that enable the effective sterilization of multi-use equipment
 3. All contracts for patient transport must be carbon neutral, annually audited and financial penalties written into the contracts for breach of carbon neutrality.
- 310 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting recognises the impact of plastic waste on the health and wellbeing of the population, and that:-
- i) NHS organisations should be encouraged to reduce consumption of single-use items and increase recycling;

ii) washing machine manufactures should be encouraged to incorporate filters in their products to reduce microplastic pollution;
 iii) the hospitality sector should be encouraged to reduce use of single-use items including small bath and shower gel bottles;
 iv) the BMJ should examine the practicalities of switching plastic covers to a compostable starch-based alternative.

- 311 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting reaffirms the WHO statement that infectious diseases including Covid-19 and measles are some of the biggest global threats to world health, and that:-
 i) the BMA condemns misleading and dangerous information regarding vaccinations;
 ii) Public Health England should write to all children and adults who have missed vaccinations to advise them that they are at risk of preventable, but potentially deadly and life-changing diseases;
 iii) the BMA should consider whether vaccinations should be mandatory for children who have no contra-indications for vaccination;
 iv) the BMA should consider whether failure to ensure that a child is appropriately vaccinated is recognised as a safeguarding concern.
- 312 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that the climate and ecological crises are a global public health emergency, and calls on the BMA to:-
 i) lobby for COVID-recovery investment to prioritise the health of the planet and all people;
 ii) campaign for the NHS and UK to be zero-carbon by 2030;
 iii) lobby for investment in an active-travel and public-transport infrastructure which is accessible for all NHS staff regardless of shift-pattern;
 iv) campaign for a just transition to a Green New Deal.
- 313 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises the current climate and ecological crisis and its impact on the health of people and planet. And calls on the BMA to:-
 i) campaign for a Green New Deal and a just transition to a zero-carbon society by 2030;
 ii) allocate appropriate funding and resources to climate campaigning and production of transparent and regular climate campaign progress reports; and
 iii) lobby all medical educators to embed environmental, health and social justice in their teaching.
- 314 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting deplores the dissemination of false health claims such as those which have impacted the programme for Covid-19 vaccination, and a mindset amongst some members of the public which ignores rational evidence-based medical advice. This meeting calls on the BMA board of science to report on the nature of Reiki and other 'energy medicine' modalities, and the rationale of their use for some NHS patients.

- 315 **Motion** by SHROPSHIRE DIVISION: That this meeting supports the principle that universal child safeguarding protections must be independent of a child's gender, race, culture or community of origin. This meeting:-
- i) notes that the practice of non-therapeutic male circumcision (NTMC) has been legally recognised as a significant harm in England and Wales since the 2015 judgment Re B&G;
 - ii) stands in solidarity with the growing number of people seeking support for the lifelong consequences of medically unnecessary, irreversible, invasive genital surgery which was forced on them as children, sometimes performed by doctors, with the complicity of the GMC and the BMA;
 - iii) condemns the BMA publication - in the 2019 NTMC toolkit - of updated guidance on this highly contentious practice without offering BMA representatives an opportunity for discussion, debate or policy consultation;
 - iv) regrets and condemns the missed opportunity for the BMA to adopt an ethically coherent policy with regard to the surgical disfigurement of non-consenting children's healthy genitalia;
 - v) calls on the BMA to seek the views of BMA representatives regarding all forms of medically unnecessary childhood genital cutting through informed discussion and debate.
- 316 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the government develop a comprehensive alcohol strategy and to bring forward legislation to address alcohol harms by:-
- i) requiring minimum unit pricing of alcohol in England, following such legislation in Scotland and Wales;
 - ii) recognising that up to 70% of admission to A&E are alcohol related;
 - iii) reducing the availability of cheap alcohol in off-sales by reducing the hours of sale and the density of retail outlets; and
 - improved alcohol labelling.
- 317 **Motion** by LONDON REGIONAL COUNCIL: That this meeting is concerned by the inadequate actions to tackle air pollution in the UK, especially in our big cities. Diesel air pollution is recognised as a carcinogen by the WHO and causes c. 30,000 premature deaths in the UK each year. Major cities e.g. Paris, Athens, Madrid and Mexico City will be banning all diesel vehicles from 2025. Milan is banning diesel vehicles by 2030. We are lagging behind. This meeting therefore calls on the BMA to lobby the Mayor of London and the London Assembly to ban all diesel vehicles in Greater London by 2030.
- 318 **Motion** by SHEFFIELD DIVISION: That this meeting calls on the NHS to play its role in addressing climate change by:-
- i) incentivising and promoting the use of 'Green Impact Audit for Health' tools by healthcare providers;
 - ii) making social prescription a default option for people with chronic health conditions;
 - iii) mandating a labelling system of carbon footprint of drugs and medical appliances;
 - iv) scrapping CQC's remit on 'infection control' which has inadvertently led to an increased use of disposable equipment.

- 319 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting recognises that the Climate Crisis is a Public Health emergency and therefore calls on the BMA to:-
i) campaign for a just transition to a Green New Deal;
ii) campaign for the NHS and the UK to become net zero by 2030.
- 320 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes with great sadness the June 2021 Ofsted 'Review of sexual abuse in schools and colleges' and calls on the UK government to:-
i) seek to protect children from sexual abuse and harassment;
ii) provide sufficient funding, protected time and support for classroom practitioners to address issues around sexual harassment and sexualised language that arise within the class;
iii) increase digital security to protect children from accessing sexually explicit material online;
iv) deliver public education on the damaging effects of children being exposed to sexually explicit videos and images; and
v) support parents and caregivers to take an active role in safeguarding their children's digital lives.
- 321 **Motion** by WELSH COUNCIL: The UK's poor housing quality harms both patients and community health; causing the NHS increased workload costing £1.4 billion per year. The human cost is borne particularly by both poorer people and health services staff trying to help them. This meeting therefore, asks council to develop a policy on how the impact of housing can be improved for all, so workload on health care services can be reduced and requests doctors and others to lobby their governments to adopt this policy.
- 322 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting reaffirms the fact that all children deserve access to a safe environment and high-quality health and social care, and that:-
i) we are deeply concerned on the provision of care within care homes and unregistered and unregulated placements delivered by private providers;
ii) there is greater support and recognition for the carers charter and ethical care charter;
iii) care homes are nationalised in order to achieve and maintain a national standard of residential care;
iv) care home staff are subject to NHS appraisal processes and terms and conditions;
v) regulatory processes are in place to ensure private providers are held accountable and conform to the same standards of care and treatment as NHS counterparts;
vi) there is an increase in provision of residential care beds, so that children in need of supported accommodation or inpatient mental health care are not faced with travelling long distances or experience unnecessary delays in receiving the care that they require;
vii) meaningful change is urgently implemented to avoid repeat of the cruel and inhumane treatment experienced by vulnerable residents at Whorlton Hall.

- 323 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting recognises research by the Department for Transport and BRAKE that highlight rising road deaths in Great Britain due to drink driving and drug driving, and calls for:-
- i) reduction in the legal blood alcohol level from 80mg of alcohol per 100ml of blood to the European average of 50mg of alcohol per 100ml of blood;
 - ii) reduction in threshold limit for all illicit drugs, including novel psychoactive substances;
 - iii) greater awareness of DVLA guidelines for mandatory reporting to the DVLA of patients who suffer from alcohol dependence or drug misuse;
 - iv) stiffer sentences for those found guilty of driving whilst under the influence of alcohol or drugs;
 - v) greater support for people who are addicted to alcohol or drugs in order that they can overcome their addiction.
- 324 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting recognises that adverse childhood experiences and trauma have profound negative effects on physical and mental health. Recent Office for National Statistics reports highlight one in five adults in England and Wales experienced abuse before aged 16 years old, and that nearly 75% of children on the child protection register reside in households where domestic abuse occurs. Failure to recognise and tackle these issues contributes to their continuation into the next generation. That this meeting calls for:-
- i) promotion of regularly updated adult and child safeguarding training to be provided for all health and social care practitioners and students;
 - ii) increased provision of safe houses for survivors of domestic abuse, their children, and their pets;
 - iii) integrative care pathways to be in place to support children exposed to early life adversity transitioning into adulthood;
 - iv) a collaborative approach to be fostered between services to ensure that children and adults who have experienced ACEs are adequately supported with their health and social care needs;
 - v) increased teaching in schools, so that children are aware of the signs of domestic abuse, exploitation, and grooming, and that they can safely report concerns to teachers, health and social care professionals, and the police.
- 325 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recognises the urgent need for all NHS employers to reduce their environmental impact; this should include reducing packaging, improved recycling, transport and:-
- i) calls on every NHS employer to be required to produce a business plan to explain their strategies to reduce their environmental impact;
 - ii) calls on all doctors to state that they don't give consent for any letters to patients or other trusts/professionals being sent in envelopes with plastic windows;
 - iii) ensure that all money saved through green initiatives to be ring fenced for a green budget with national spending rules.

PART 2 - PUBLIC HEALTH MEDICINE

- 326 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognising the climate change emergency and the considerable role of transport in climate change calls for:-
- i) a freeze on all further airport developments unless and until a plausible environmentally sustainable future for aviation has been identified against which they can be tested;
 - ii) the adoption in full of the National Rail Decarbonisation Strategy for full electrification;
 - iii) investment in international high speed rail networks and sleeper train services as alternatives to aviation;
 - iv) careful attention to research and development of the hyperloop (a projected very high speed very low energy tracked system using vacuum tubes) to be alert to the possibility that if it proves to be feasible it may be a viable alternative to aviation over even longer distances than high-speed rail;
 - v) a substantial shift in transport infrastructure investment from roads to railways, public transport, cycling and walking networks;
 - vi) more low traffic neighbourhoods;
 - vii) better facilities for active travel;
 - viii) the BMA to update and re-release its report on the health impact of transport, including additional material relating to the impact on climate change.
- 327 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: The pandemic has proven the need for a coherent and well resourced public health organisation working at local and national level and integrated with NHS locally as well as local authorities. Public health had been stripped to the bone and we call on the BMA to work with other interested organisations to develop a proposal for a full service and a plan of how to develop it.
- 328 **Motion** by CORNWALL DIVISION: That this meeting believes there is an ongoing role for immigration health quarantine to protect the public's health.
- 329 **Motion** by CORNWALL DIVISION: That this meeting believes the locality senior public health consultant medical practitioner should be an executive director upon the integrated care system (ICS) board, and might best be supported by professionally nominated local representatives upon a Clinical Senate.
- 330 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the underfunding and side-lining of public health over the past decade and calls on government to fully fund a resilient public health workforce that can run any future pandemic response, putting public health back at the core of the NHS.
- 331 **Motion** by CONFERENCE OF LMCS: That this meeting supports the promotion of addressing climate change and the current ecological crisis and:-
- i) approves of active travel to improve health outcomes by increasing exercise;
 - ii) recognises the opportunity to improve recycling within the NHS;
 - iii) calls on the UK government to commit to invest in GP infrastructure and premises, including installing charging points for electric cars, to make general practice estate carbon neutral by 2030;

iv) calls on the UK government to commit to support and resource GP practices to return to re-usable medical equipment to reduce the carbon impact of disposal equipment;

v) calls on the UK government to commit to implement a nationwide medication returns and recycling scheme.

- 332 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting calls upon UKHSA, OHP and NHSE/I to recognise BMA for the purposes of collective negotiation and to set up regular formal consultative meetings between the organisations, trade unions and professional associations including BMA and other public health representative and professional bodies.

PART 2 - AFC

- 333 **Motion** by ARMED FORCES COMMITTEE: That this meeting embraces the armed forces covenant and calls upon the BMA to promote the covenant.

PART 2 - OCCUPATIONAL MEDICINE

- 334 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting reaffirms its long-standing commitment to the essential role occupational medicine has in assessing and advising on the control of risks to health at work, in the maintenance of wellbeing in the workplace and in rehabilitation back to work. These essential roles have been brought under the spotlight during the Covid-19 Pandemic, which has highlighted how thinly spread occupational health services were even before the pandemic and how oversubscribed they are now and calls for BMA Council to ensure action is taken on previous ARM motions, (1894 of 2019 and 1899 of 2015) that called for:-
- i) the government to introduce a statutory requirement for the provision of high quality occupational health services for all working people in the UK, either through the NHS or as an obligation on employers;
 - ii) occupational medicine specialist training posts to be wholly centrally funded;
 - iii) salary protection to be clarified and better publicised, so as to attract those doctors who may wish to change career and commence training in occupational medicine.
- 335 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned about the patchy and often inadequate provision of Occupational Health services for NHS staff which has resulted in the delay of some doctors returning to work and calls for:-
- i) the BMA to define the minimum criteria needed to provide an appropriate Occupational Health service for all doctors as part of future planning, both short term and long term;
 - ii) the BMA to negotiate a comprehensive, effective Occupational Health service for NHS clinicians;
 - iii) all UK governments to commission and fund centrally these new national occupational health services for NHS staff.
- 336 **Motion** by SCUNTHORPE DIVISION: That this meeting is concerned over the extraordinary workload of doctors over the last year due to the Covid-19 pandemic which has led to so much stress and burnout and asks the association to present the evidence of this high workload pressure in all branches of medicine to NHS England and the government and demand proper investment in a fully-funded occupational

health service for all doctors in all specialties of general practice, hospital and community medicine.

- 337 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting is extremely concerned that, although the “Reporting of Injuries and Dangerous Occurrences Regulations 2013” (RIDDOR 13) place legal obligations on employers to report cases of Covid-19 which are likely to have been contracted at work, the Health and Safety Executive (HSE) acknowledges substantial under-reporting and there are also huge discrepancies in reporting levels between different NHS Trusts, and therefore demands that the Government:-
- i) reviews the RIDDOR 2013 Regulations;
 - ii) ensures that all work-related occupational diseases diagnosed by a doctor are reported to HSE within a week.
- 338 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes that the law provides for workplaces to have accredited safety representatives as well as safety committees, which employers are obliged to convene and consult in matters of health and safety and that the Covid-19 pandemic has demonstrated insufficient risk assessment and inadequate worker protection in many workplaces.
- Therefore, this meeting calls for the BMA to:-
- i) take advantage of these legal provisions for worker representation (including time paid by employers for the safety representatives to undertake their duties);
 - ii) publicise the purposes and legal provisions of Safety Representatives and Safety Committees amongst its members;
 - iii) insist that employers provide Safety Representatives with paid leave to take up the training required to undertake the responsibilities of their role;
 - iv) insist that employers support the proper functioning of Safety Representatives as well as the regular convening of Safety Committees.
- 339 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting is shocked that in the first year of the pandemic over 30,000 occupationally acquired cases of Covid-19 were reported to the Health and Safety Executive (HSE), and demands that the government:-
- i) maintains the powers of HSE to investigate these cases independently of DHSC/NHS;
 - ii) upholds the legal duty of doctors to notify coroners of deaths suspected of being attributed to employment;
 - iii) upholds the legal empowerment of Coroners to undertake independent public inquests for deaths suspected of being attributed to employment;
 - iv) adequately resources the HSE and coroners for independent investigation of Covid-19 of suspected occupational origin;
 - v) desists from extending the role of Medical Examiners (ME) to Covid-19 deaths of health care workers, which may result in closed investigations within DHSC/NHS, pre-empting notification to the HSE or to coroners.

PART 2 - COMMUNITY AND MENTAL HEALTH

- 340 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the additional workload for end of life services resulting from the Covid-19 pandemic; notes the simultaneous enormous reduction in voluntary income of charitable hospices; condemns the fragmentation and inequality of adult end of life care services in the UK; recognises that the present structure gives very poor value for money and is not sustainable in the medium to long term; and calls upon the Government to:-
 i) undertake a comprehensive and fully costed stocktake of all adult end of life services nationally, taking care to distinguish between clinical care costs, management costs and fundraising costs;
 ii) mandate the previously published NICE recommendations for care standards so that they become compulsory;
 iii) use the existing NHS managed hospice units as exemplars in order to project what would be the total costs to the Exchequer of embedding all palliative care provision within core NHS services.
- 341 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the size of the legacy of mental health problems requiring specialist intervention left by the Covid-19 pandemic will require significant investment and planning and cannot be found from resources that were already inadequate before the pandemic hit. We ask that:-
 i) the BMA should work with other interested parties to identify these and lobby government to ensure that they are put in place;
 ii) the BMA continues to lobby government to realise its stated goal of achieving parity for mental health service users with physical health.
- 342 **Motion** by SCUNTHORPE DIVISION: That this meeting is concerned that little progress has been made over the past year to provide intermediate and care home beds in the community and that there has been no additional investment in social care to free up beds in acute hospitals and call on the government to address this serious social issue.
- 343 **Motion** by SHROPSHIRE DIVISION: That this meeting notes the crisis in home care provision which is one of the major causes of avoidable hospital admissions and inability to discharge patients safely back to their home environment. This meeting:-
 i) condemns the fact that home carers have traditionally been devalued and are often paid at minimum wage;
 ii) calls on the Government to provide social services departments with a budget sufficient to ensure that home carers can be paid a decent living wage for the fantastic job that they do.
- 344 **Motion** by SHEFFIELD DIVISION: That this meeting instructs the BMA to lobby the Government so that there should be parity of access to counselling and support services for victims of rape or abuse, for people of all genders.
- 345 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting calls on the BMA to lobby for a change to the thresholds for NHS Continuing Care so that more people with dementia can receive funding to meet needs arising from their illness.

PART 2 - INTERNATIONAL

- 346 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls upon the BMA to lobby the government and relevant bodies:-
 i) to grant all international medical doctors the indefinite leave to remain;
 ii) to allow parents to be listed as dependants for health and care worker visa holders.
- 347 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is concerned by the governments hostile policy towards immigrants and calls for the BMA to work with other stakeholders on a concerted campaign to increase pressure on the government to scrap the stringent immigration rules on bringing adult dependent relatives to the UK.
- 348 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting abhors the insistence of the Home Office that Adult dependent relatives of NHS staff living overseas are not eligible for Visas to bring them to the UK. We demand that the BMA lobby the Home Office to secure a pathway to visas for adult dependent relatives of NHS staff living overseas to reunite these families and retain vital NHS staff.
- 349 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting wishes to see:-
 i) a fair global distribution of Covid-19 vaccines, for the benefit of all health workers, priority groups and populations, and
 ii) that the desperate need for health staff worldwide is recognised by the United Kingdom, and given due consideration when planning international recruitment to the NHS.
- 350 **Motion** by SOUTH WEST LONDON DIVISION: That this meeting strongly supports the BMA's emergency resolution unanimously adopted by the World Medical Association in April 2021 calling for a global approach to Covid-19 vaccination. This policy requires governments including the British government to urgently prioritise provision of support and aid for Covid-19 vaccination to nations worst affected by the Covid-19 crisis, recognising that no nation will be protected until every nation is protected.
- 351 **Motion** by CONSULTANTS CONFERENCE: That this meeting 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 overstressed healthcare systems can meet the critical challenge that they face.
- 352 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting wishes to a fair global distribution of Covid-19 and other vaccines in this and future years.
- 353 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting is deeply troubled that following Brexit there is no clarity in law regarding the mutual recognition of Primary Medical Qualifications between the UK and EU member states. We call upon the BMA to lobby the government for clarity in law on this issue within the next year.

- 354 **Motion** by NORTH EAST LONDON DIVISION: That this meeting acknowledges that the Covid-19 and Brexit situations have affected medical manpower, hence this committee requests the BMA to negotiate with the government and extend the visa for Commonwealth doctors to 5 years which would give them the reassurance of obtaining permanent residency and hence they would more likely join the NHS which is badly needed in the future.
- 355 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes the growing dissatisfaction from BMA members with their working conditions & the increasing demands for UK doctors to work overseas. We call on the BMA to:-
 i) create and maintain a database of the working conditions (including pay) of doctors of all grades in the top 25 countries emigrated to by UK doctors; and
 ii) publish that database on the BMA website.
- 356 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting, aware of the appalling consequences of any use of nuclear weapons for human health and the environment, noting the World Medical Association revised policy statement in Reykjavik in October 2018 which welcomes the Treaty on the Prohibition of Nuclear Weapons (TPNW) and noting that the Treaty entered into force on 22 January 2021 , asks the BMA to call for the ratification and implementation of the Treaty by the UK government.
- 357 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the government to work with its international partners to impose sanctions on those governments perpetrating human rights abuses, particularly where there is evidence of genocide, torture of citizens and forced organ harvesting.
- 358 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting is deeply concerned by the public health and human rights implications of the recent outburst of violence between Israel and Palestine and accordingly:-
 i) condemns all acts of anti-Semitism, Islamophobia and racism that have occurred world-wide in response to these events;
 ii) re-affirms the existing policy that the BMA ‘deplores any action by a standing army that takes insufficient care to ensure the safety of civilians, healthcare personnel and healthcare facilities’ and as such abhors the bombing of healthcare facilities;
 iii) calls upon the BMA to lobby the British government to immediately suspend the sales of UK-made military equipment to the State of Israel;
 iv) is concerned by Israel’s failure to comply with its duties under the international law (including under the Fourth Geneva Convention) to provide vaccines in a non-discriminatory fashion to Palestinians living under its control in the Occupied Territories and therefore calls upon the BMA to lobby the British government to impose economic sanctions (but not, for the avoidance of doubt, a cultural or academic boycott) on Israel, with such sanctions to be kept in place until such time as Israel complies with those obligations.
- 359 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the impact of Brexit on medical research, with loss of funding and resultant impact on security of employment for medical academics. We call on the BMA to work with stakeholders to identify the magnitude of this loss and lobby government to restore equivalent or improved funding which will allow medical academics to continue to deliver world-class research.

- 360 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls upon the BMA to fulsomely lobby for the passing of Andrew Mitchell's private members bill that calls upon the Secretary of State for Health to establish a scheme for the UK to pay to train two doctors or nurses in developing countries for each doctor or nurse recruited from those countries.
- 361 **Motion** by LINCOLN DIVISION: That this meeting calls on the BMA to work with other stakeholders to ensure no disincentives to doctors moving to work in the UK and ensure a comprehensive programme of support for newly arrived international doctors.
- 362 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting calls on the BMA to work with other stakeholders to ensure no disincentives to doctors moving to work in the UK and ensure a comprehensive programme of support for newly arrived international doctors.

PART 2 - TRAINING AND EDUCATION

- 363 **Motion** by NORTH EAST LONDON DIVISION: That this meeting is concerned that as GPs delivery of care during Covid-19 has been mostly online and future development of AI would totally change the provision of care, hence we urge the BMA to include AI in undergraduate education and training of junior doctors.
- 364 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls for a national mentoring wellbeing scheme for all doctors to provide time for personalised confidential debriefs and reflection. Such a scheme should involve online training on the potential approaches to mentor- mentee meetings, and guidance on conduct.

PART 2 - HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

- 365 **Motion** by CONFERENCE OF LMCS: That this meeting:
- i) believes that easy access for all individuals to their complete vaccination and immunisation record would help to improve uptake, provide evidence for employment and travel purposes and reduce the need for patients to request this from their GP;
 - ii) calls on UK governments to develop an electronic vaccination and immunisation record that includes all NHS, school-given, travel, private and employment related vaccinations and provides prompts when boosters are needed without the requirement to contact their GP practice;
 - iii) calls on UK governments to require schools to use a child's electronic vaccination record to promote complete uptake of all vaccinations at the time of school entry.
- 366 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting:-
- i). supports the Government's drive to use technology especially Artificial Intelligence tools in Healthcare / NHS to facilitate safer and efficient care where appropriate;
 - ii). believes that AI should be adopted in NHS through Clinical engagement and due diligence;
 - iii) recommends allocation of additional resources to NHS for testing and trying AI "In-house" to provide effective safer care in the future.

- 367 **Motion** by SCUNTHORPE DIVISION: That this meeting believes that more research on virtual and telephone consultations should be carried out before the profession adopts this style of consultation as a means of advising patients particularly in regard to:-
i) the effect of non face-to-face access on health inequalities;
ii) the lack of telephone and internet access by a significant proportion of the population;
iii) the insurance issues following a misdiagnosis or complaint after a virtual consultation, and;
iv) the view of the GMC.
- 368 **Motion** by LONDON REGIONAL COUNCIL: That this meeting upholds the principles of informed consent and medical confidentiality. We maintain that personal medical information should be shared only with informed consent from the patient or patient's guardian, and that data sharing should always be on an "opt in" rather than an "opt out" basis.
- 369 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting is opposed to the handing over of patients' personal medical and social care personal data to NHS England.
- 370 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting requires that all documents as listed below (or their equivalents) can be created electronically from all UK GP clinical systems and hospital systems, signed digitally, and transferred electronically regardless of the UK country of origin or receipt:-
i) Med3 (Statement of Fitness for Work);
ii) cremation forms;
iii) Medical Certificate of Cause of Death;
iv) UC113;
v) DS1500.
- 371 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting highlights the inadequacy in both number and quality of in-hospital technology set-ups to enable remote meetings/teaching etc. We demand that the BMA negotiate better provision of quiet places with a computer setup which will allow full engagement (audio-visual) with such meetings within short distances of members' place of work.
- 372 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting insists that following Brexit there must be no reduction in the protection of data as defined in the European General Data Protection Regulations and the Data Protection Act 2018.
- 373 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting insists that following Brexit the UK Governments specify that Subject Access Requests are limited only to be used for the singular purpose as defined by Recital 63 of the General Data Protection Regulations, that they are "in order to be aware of, and verify, the lawfulness of the processing" and that access for any other reason is chargeable.

PART 2 - NORTHERN IRELAND

- 374 **Motion** by N IRELAND (EASTERN) DIVISION: That this meeting welcomes the recognition given by the restored NI Assembly to the scourge of suicide in NI and commends the Health Minister on his initiative which aims to tackle the underlying causes such as deprivation. This will be exacerbated by the inequalities generated by Covid-19. We urge that the new Executive working group on mental well-being, resilience and suicide prevention will translate into action as outlined in the 'New Deal, New Approach' and that this is taken forwards by the NI Executive as a priority.

PART 2 - JUNIOR DOCTORS

- 375 **Motion** by JUNIOR DOCTORS CONFERENCE: In consideration of the recent Covid-19 pandemic, this meeting:-
- i) calls on health education bodies to consult and publish anticipated delay rates in CCT due to the pandemic and associated factors;
 - ii) demands the UK governments fully fund additional training places to ensure that there are enough consultants to address the shortfall in the workforce;
 - iii) demands the UK governments fully fund additional training places to ensure that there are enough GPs to address the shortfall in the workforce;
 - iv) demands that any extensions to training do not negatively impact on the ability to recruit to training programmes.
- 376 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting notes the ongoing increase in the delivery of NHS services by the independent sector, and the profound impact this may have on training opportunities for doctors in training, particularly surgical and procedural specialties, as well as the specific impact Covid-19 has had on these specialties. This meeting calls on the BMA to lobby statutory education bodies, governments and other key stakeholders across the United Kingdom to:-
- i) ensure all trainees have access to training in the private sector organisations where NHS work is being performed where training competencies and requirements can be achieved;
 - ii) ensure the impact on post-graduate medical training is considered and assessed when contracts for the delivery of NHS services are awarded to independent sector providers;
 - iii) ensure independent providers do not profit from or use any ringfenced money intended for the training of junior doctors and other practitioners for any other purpose;
 - iv) provide additional access to mandatory courses and other required consultant delivered training opportunities to support trainees nearing CCT in achieving their competencies efficiently to compensate for course cancellations, lost opportunities and missing portfolio evidence due to the Covid-19 pandemic, without the need to provide further service provision in return;
 - v) produce guidance for junior doctors regarding their rights, obligations and indemnity when training within independent sector providers, with BMA input as a key stakeholder.

- 377 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting notes that the lack of an over-arching contract with one employer for the full duration of Foundation, core, higher and run-through training is discriminatory and unfair. These ~50,000 doctors are unable to access services available to all other NHS workers such as Cycle to Work and fleet car hire schemes. No modern employers seek to tie employees to multi-year working in such a way. This meeting asks the BMA to lobby for this to be redressed by:-
- i) Education Deaneries providing an overarching contract with formal confirmation that all hospitals in the programme offer the service in question or;
 - ii) HMRC providing an exception to junior doctors that allows such schemes to be provided where contracts with individual Trusts last four to six months and Deaneries guarantee ongoing employment.
- 378 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting demands that any proposed rota change must:-
- i) be presented to the local industrial relations officer and junior doctor local negotiating committee members and must not be implemented until any suggested alterations have been agreed by all parties;
 - ii) failure to give 6 weeks notice of any change to a personalised work schedule must be sanctioned by the Guardian of Safe Working by an automatic fine and included in their report.
- 379 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls upon the BMA to lobby relevant bodies to grant locally employed/ trust grade doctors nationally agreed upon contracts that have similar rights as trainee doctors to ensure that trust grade doctors rights are protected, and to ensure that they are not under the mercy of NHS employers and are therefore protected from abuse.
- 380 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls for additional protections for junior doctors to ensure that leave requests made in good time are approved.

PART 2 - GENERAL PRACTICE

- 381 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting highlights the fact that all branches of the profession are unanimous that news lines implying that GP practices are closed are both inaccurate and insulting and that GPs are operating under Coronavirus regulations according to government guidelines and instructs council to lobby accordingly.
- 382 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting notes the proposals by NHS Digital to share GP records via the GDPR and notes the widespread concerns amongst GPs and other citizens regarding these proposals. It believes that confidentiality is fundamental to the doctor-patient relationship. It therefore calls on the BMA to lobby for:-
- i) healthcare data to be only used for the benefit of patients and public health;
 - ii) the government and the NHS should not be exempt from the requirements of the Data Protection Act nor the General Data Protection Regulation;
 - iii) NHS data should only be accessible via the Trusted Research Environment;

- iv) proposals to share data with commercial companies to require a separate consultation with the public which may lead to separate guidance and opt-out arrangements;
- v) NHS Digital and its successors should be accountable to the other data controllers (Eg GPs, NHS Trusts) from whom they obtain the data;
- vi) NHS Digital and its successors should transparently report to all patients how their data are being used via a data usage report.

- 383 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting condemns the government plan to undertake via NHS Digital a mass extraction of potentially all GP held patient data obtained in the past 10 years:-
- i) as the information Commissioner has stated that the mass data extraction is likely to result in a high risk that data subjects' rights and their privacy will be breached, so that every GP practice must perform a data protection impact assessment (DPIA) before NHS Digital extracts the mass data;
 - ii) and instructs BMA to obtain and circulate to LMCs a legal opinion from an expert on GDPE on the position of GPs who as data controllers may breach the Data Protection Act 2018 if they allow the mass extraction of these data but may breach the Health and Social Care act 2012 if they don't.
- 384 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting condemns the government plan to undertake a mass extraction of potentially all GP held patient data via NHS Digital:-
- i) as the government and NHS Digital have refused to inform the public/patients and notify every household that their whole confidential medical history (including sensitive data) and use of the NHS will be collected;
 - ii) as the government has made the process of opting out challenging for many people, and then expects GPs with no support to log every Type 1 opt out request to the central computer;
 - iii) as the Information Commissioner has stated that the mass data extraction is likely to result in a high risk that data subjects rights and their privacy will be breached., so that every GP practice must perform a data protection impact assessment (DPIA) before NHS Digital extracts the mass data;
 - iv) as the data once extracted, although anonymised, will be coded so that the individual patient can be identified if NHSE so wish;
 - v) as the data although ostensibly to be used for health care planning and research, will also be given to pharmaceutical companies and other commercial third parties as decided by NHSE and others;
 - vi) and instructs BMA to increase its campaigning against this damaging proposal to destroy patient confidence that their medical records are protected.
- 385 **Motion** by LONDON REGIONAL COUNCIL: We applaud the government decision to delay the GPDR data extraction until September. However, this is merely a short pause and does not change the fact that we are in danger of giving away the extremely NHS database for little gain. This meeting calls upon the BMA to demand that the government only allows access to the NHS dataset with a clear future benefits plan based on 3 key principles:
1. Joint/proportionate intellectual property rights in perpetuity.

2. Purchase of the refined end products from the data mining at agreed prices that properly take account of the worth of the original raw material.

3. A meaningful share of profits/future royalties from the sale of the refined end products.

- 386 **Motion** by TOWER HAMLETS DIVISION: That this meeting notes that APMS contracts are being used as a vehicle to sell General Practice to global multinationals and:-
 i) believes that this sounds the death knell of holistic, community-based family medicine and continuity of care;
 ii) demands that GPC Exec make clear to Government that GPs will not tolerate this attack;
 iii) demands that the GPC run a high-profile publicity campaign explaining to the public what is happening;
 iv) demands that the profession is balloted for action up to and including industrial action to defend the traditional model of General Practice.
- 387 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists that the new ICS proposals are:-
 i) inimical to many members particularly general practitioners;
 ii) leaves general practitioners particularly open to exploitation and even personal bankruptcy;
 iii) disrupts the local medical committee system which has served Healthcare provision well since 1913;
 iv) gives hospital trusts disproportionate power and influence.
- 388 **Motion** by CONFERENCE OF LMCS: That this meeting calls for GPC UK to push for parity with other health and care partners across the UK in working with governments and other LNCs to commission an occupational health service for general practitioners, their practice teams, and other primary care partners.
- 389 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting deplores the current crisis in general practice and calls on the BMA to run a campaign highlighting to the public and the rest of the medical profession the risks of general practice failing, calling for significant investment in primary care and supporting services
- 390 **Motion** by NORTH EAST LONDON DIVISION: That this meeting calls for the present flu vaccination incentive scheme to also be extended to Covid-19 vaccination for the GPs regular patients on their list.
- 391 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting welcomes the change in GP training to increase the proportion of time spent in GP settings. We note that alongside increased numbers of trainees in surgeries and expansion of other staff numbers, this is putting extra pressure on premises. We call on government to improve the financial settlement to surgeries to allow for increased capacity and resources to target support for GP trainees during their training.
- 392 **Motion** by SHEFFIELD DIVISION: That this meeting notes with dismay the inadequate and inconsistent level of funding provided to GP Educators for educational supervision of GP trainees and demands that there is:-
 i) a nationally agreed tariff for GP Educators for providing educational supervision;

ii) an adequate financial recompense for the time and expertise that is required for the role of educational supervision.

- 393 **Motion** by CONFERENCE OF LMCS: That this meeting is concerned about the transfer of electronic medical records between practices in the four different countries of the UK, and for patient safety and quality of healthcare, requires that:-
- i) GP2GP or similar interoperability is enabled to ensure whole electronic medical records including diagnoses, results, medications, sensitivities and allergies are transferred as coded items;
 - ii) electronic prescribing is available from all general practices in the UK to all pharmacies in the UK;
 - iii) all four countries convert to fully digitalised records by 2030 with no remaining manual records;
 - iv) any hospital in the UK treating a patient under an NHS contract can send coded electronic correspondence directly to all UK GP clinical systems.
- 394 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting concurs with the findings in the APPG report on the science of Covid-19, which noted that many workplaces had acted as 'Hot Spots' for Covid-19 outbreaks and had continued viral transmission in the community and demands that the UK Governments:-
- i) require the inclusion of a patient's occupation and employer in their GP records, to allow the rapid identification of 'Hot-Spot' workplaces, by public health authorities and HSE, so that immediate action can be taken to stop transmission and also to identify workers who should be offered priority vaccinations;
 - ii) require that patient's occupation and employer information should be regularly updated in GP records, e.g. at the same time as confirming their address and phone number.
- 395 **Motion** by LOTHIAN DIVISION: That this meeting regards the performers lists as redundant following the creation of the GMC register of qualified GPs. We call for the four governments in the UK to abolish the performers lists as they are an unnecessary barrier to recruitment of GPs from different parts of the UK and from outside the UK.
- 396 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting given the CCT qualification and parity of respect, calls on the BMA to campaign for a change of title from GP to Consultant in Primary Care.
- 397 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting, believing that there is a need for closer links between public health and primary care, endorses calls by the Faculty of Public Health and the Public Health Medicine Consultative Committee and Doctors in UNITE for dual accreditation in primary care and public health, for community development and social prescribing, and for neighbourhood public health leads, and calls for the current impediments to GPs becoming dual accredited to be removed.

PART 2 - MEDICAL STUDENTS

- 398 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the impact of the Covid-19 pandemic on the experience of medical students training and subsequent impact on early years workforce planning in the medium to long term. We call on the BMA to:-
- i) commission a report on the experiences of medical students and foundation doctors during the pandemic focusing on confidence, access to placements and equity of experience during their training;
 - ii) call for an equality, diversity and inclusion evaluation of the experience of final year medical students during the pandemic and its impact on their confidence and future career aspirations;
 - iii) lobby government to ensure that every UK graduate has a guaranteed, paid foundation job.
- 399 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting calls for an EDI evaluation of the experience of final year medical students during the pandemic and its impact on their confidence and future career aspirations.
- 400 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is extremely concerned despite ongoing research and initiatives from the BMA, Health education bodies the Academy of medical royal colleges and GMC there is little meaningful progress on the issues around differential attainment. This meeting then calls on these organisations to prioritise this and work together to:-
- i) focus on delivery of and changes in results by publishing and sharing by deanery the results of postgraduate exams including protected characteristics;
 - ii) fund training for educators to address differential attainment not just through top-down programmes but through locally designed programmes including induction support and mentoring which are not responsive to rapidly changing needs in educational settings;
 - iii) ensure There is accessible support for educators and trainees that can be accessed in order to provide timely support and not needing a formal referral to the professional support units.
- 401 **Motion** by SHEFFIELD DIVISION: That this meeting believes that, in order to increase diversity within the medical profession, students taking medicine as a second degree should be eligible for similar financial support to those taking Medicine as a first degree.
- 402 **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting stresses the importance of maintaining medical school standards in the UK so that the international prestige of British Medical Qualifications remains undiminished.

PART 2 - MEDICAL ACADEMIC STAFF

- 403 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting congratulates and commends all UK medical academics for their enormous contribution to the Covid-19 pandemic response - whether through additional clinical activity, epidemiological and public health research, biomedical and translational research, preventive and therapeutic treatment development and clinical trials; and also by taking on the responsibilities of colleagues in education, training and management.
Calls on the UK governments to:-
- i) recognise and reward medical academics alongside their clinical and public health colleagues and medical students;
 - ii) provide the resources needed to enable medical academics to return to their academic duties expeditiously without fear of cuts in either posts or funding, and
 - iii) ensure that the medical academic workforce, which has played such a significant role, is not only maintained but also strengthened to enable the UK to confront any future healthcare crises.

PART 2 - RETIRED MEMBERS

- 404 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting recognises and applauds the contribution of "reactivated" retired members to the NHS response to the Covid-19 pandemic, but also recognises that the re-registration and recruitment processes were flawed, and therefore calls on the BMA and GMC to work with the retired members committee to:-
- i) examine where things went wrong, and how to improve for future crises;
 - ii) look at how best to utilise the skills and experience of retired members;
 - iii) explore whether there are situations where the skills and experience of those retired members not reregistered by GMC could be utilised for the benefit of the public and NHS in crises.
- 405 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the outstanding contribution from previously retired doctors who returned to the medical register to help out with the corona virus pandemic. To capitalise on this valuable expertise, the BMA should work with key stakeholders to enable these doctors to continue to work, to help patients and to help support the NHS in these difficult times.
- 406 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting is concerned that many more doctors now choose to retire earlier in their careers and abandon their membership of the Association and calls on the BMA to recognise that continued membership of the Association has to be beneficial to retired doctors and thus positive recognition and utilisation of their experience, expertise and skills is essential to attract them and encourage them to continue with their subscriptions.

PART 2 - FORENSIC AND SECURE ENVIRONMENTS

- 407 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for the introduction of a standardised discharge planning approach when prisoners with health needs are released from prison in order to facilitate their ongoing medical care and to include as a minimum:-
- i) an accommodation address;
 - ii) a list of prescribed medications and number of days issued on release;
 - iii) contact details for probation officers and any other relevant professionals involved in aftercare;
 - iv) copies of hospital letters and relevant medical notes relating to the individuals care whilst detained;
 - v) any actions needed by the registered GP.
- 408 **Motion** by FORENSIC AND SECURE ENVIRONMENTS: Regarding monthly injectable prolonged release buprenorphine (trade name of Buvidal), that this meeting:-
- i) notes its benefits over other forms of opiate substitution treatment including consumption safety, treatment retention and healthcare workload;
 - ii) applauds its rollout in Scotland and Wales early in the Covid-19 pandemic and notes with concern its more piecemeal availability in England;
 - iii) calls for it to become available promptly and equitably for opiate-addicted patients across the United Kingdom, both in the community and within secure environments.
- 409 **Motion** by FORENSIC AND SECURE ENVIRONMENTS: That this meeting urges the government to work with healthcare experts to produce workable, well-funded diversion and disposal pathways that default to non-custodial outcomes, for suspects and offenders who have intellectual disabilities or neurodevelopmental disorders such as autistic spectrum conditions.
- 410 **Motion** by FORENSIC AND SECURE ENVIRONMENTS: Regarding prisoners who have no fixed abode and/or are on prescribed opiate substitution treatment (OST), that this meeting:-
- i) is dismayed by the physical suffering and societal harms caused by them being released back into the community on Fridays or immediately before bank holidays;
 - ii) feels that release on Fridays or immediately before bank holidays sets them up to fail as they cannot access drug intervention programs and/or housing services easily;
 - iii) calls upon the government to ensure that they are released in an orderly manner only on days that facilitate seamless continuity of care.
- 411 **Motion** by FORENSIC AND SECURE ENVIRONMENTS: Regarding short prison sentences for acquisitive crimes committed to fund substance misuse, that this meeting:-
- i) is concerned at the associated disruption to fragile families and housing;
 - ii) notes their frequent futility and associated high level of recidivism, due to the incomplete management of addictions and other mental health problems;
 - iii) calls for a move away from prison sentences of less than six months for substance misusers;
 - iv) calls on the government to develop liaison & diversion and sentencing pathways for substance misusers that have non-custodial options as default outcomes.

PART 2 - MEDICO-LEGAL

- 412 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is concerned that the roll out of a Medical Examiner (ME) service in England, could create additional unfunded bureaucracy, and insists that the BMA ensures that:-
- i) the BMA is involved in its development;
 - ii) MCCDs and any forms relating to burial or cremation are electronic and signed digitally;
 - iii) both the MCCD and any form related to burial or cremation are completed by the Medical Examiner, with changes to legislation to support this as necessary;
 - iv) the legal basis for an ME to access information relating to the deceased, next of kin, or other relevant persons to be made transparent and agreed with the BMA;
 - v) the workload is assessed, and any additional is funded appropriately.

PART 2 - FINANCES OF THE ASSOCIATION

- 413 **Motion** by SAS CONFERENCE: That this meeting calls upon the BMA to review the current membership subscription rates to prevent cost being a barrier for more SAS doctors joining the Association.
- 414 **Motion** by SHEFFIELD DIVISION: That this meeting instructs the treasurer to produce a mechanism to allow BMA conference agenda committees to invite speakers to their conference and enable that speaker to be paid a fee rather than just expenses, when appropriate.
- 415 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting demands reimbursement of all the expenses of honorary secretaries for divisional meetings.

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