

ARM1



Annual Representative Meeting 2021

Agenda

13-14 September 2021 (virtual conference)

ARM2021

Build back together:
supporting our members, supporting our NHS

[#ARM2021](#)

**ARM1
2021**

British Medical Association

**AGENDA
of the
ANNUAL REPRESENTATIVE MEETING**

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)

Agenda of the ARM

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INDUCTION

An online teach-in session will be available to view on the BMA website and on the ARM App.

OPENING OF THE MEETING

Monday 9.00 – 9.30

Welcome and introductions by the BMA acting representative body chair, Dr Latifa Patel.

PROCEDURES, PROCESS AND TIMETABLES

- 1 **Motion** by BMA ACTING REPRESENTATIVE BODY CHAIR: That this meeting approves:-
 - i) the standing orders (Appendix I of document ARM1A) be adopted as the standing orders of the 2021 virtual meeting;
 - ii) closing the session immediately following the scheduled installation of the president and re-opening the session immediately following the open session on physician-assisted dying, to enable the representative body to hold a free and open debate;
 - iii) that the precincts of the meeting be regarded as those members registered as representatives and logged in during 0800-1745 on 13 and 14 September 2021;
 - iv) the timetable for elections to be carried out during the meeting as set out in ARM5;
 - v) that in accordance with standing order 37, a ballot of representatives will be held on the first day of the ARM to enable them to choose motions, amendments or riders which should be given priority (Chosen Motions - "C motions"). A link to the ballot form will be circulated to representatives which should be returned by 12pm on the first day of the ARM, 13 September 2021.
- 2 **Confirm:** Minutes of the BMA Annual Representative Meeting held on 15 September 2020 (ARM12 on the website and on the ARM app).
- 3 **Receive:** That the reports from branches of practice for the session 2020-21 are available from the website and on the ARM app.

Order of business

- 4 **Motion** by THE AGENDA COMMITTEE: That the business be taken in the order and at the times indicated below:-

Monday 13 September 2021 - AM

09:00 Welcome and opening of the meeting (page 2, items 1-6)

09:30 Keynote address by the BMA council chair, Dr Chaand Nagpaul (page 3)

10:00 Build back together: for the profession (pages 4-5, items 7-10)

11:00 Memorial in remembrance of BMA members, friends and colleagues who have died 2019-2021 (page 5)

11:15 Break

11:30 Build back together: for the profession (pages 6-7, items 11-16)

13:00 Session closes

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Monday 13 September 2021 - PM

13:45 Build back together: for society (pages 8-10, items 17-25)
16:00 Break
16:15 Articles and Bye-laws (pages 10-11, items 26-30)
17:10 'A' motions (pages 11-13, items 31-50)
17:15 Finances of the Association (page 16, items 64-65)
17:30 Contingency time
17:45 Session closes

Tuesday 14 September 2021 - AM

09:00 Build back together: for you (pages 17-18, items 66-68)
09:45 Motion on appointment of the BMA president for 2022-2023 session (page 18, item 69)
09:55 Installation of the president (page 18)
10:15 Open session: physician-assisted dying (page 19)
11:15 Break
11:30 Physician-assisted dying (pages 19-21, items 70-71)
12:30 Contingency time
13:00 Session closes
13:00 Annual General Meeting (AGM) (page 21)

Tuesday 14 September 2021 - PM

14:00 Build back together: for you (page 22, items 72-75)
15:00 Motions arising from the ARM (page 22)
15:45 Break
16:00 Motions arising from the ARM (page 22)
17:30 Closing business (page 23, item 76)
17:45 Close of the meeting

BMA policy

- 5 **Motion** by COUNCIL: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM10 (on the website).
- 6 **Receive:** That the BMA acting representative body chair will notify the meeting where items being considered by the meeting would, if approved, supersede existing policy and that such policies would be so marked in the policy book, and recommended to the subsequent ARM to be formally lapsed.

KEYNOTE ADDRESS FROM BMA COUNCIL CHAIR

Monday 9.30 – 10.00

Keynote address by the BMA council chair, Dr Chaand Nagpaul.

BUILD BACK TOGETHER: FOR THE PROFESSION

Monday 10.00 – 11.00

- * 7 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY CARDIFF AND VALE OF GLAMORGAN DIVISION): That this meeting believes that honesty with the UK public is required with respect to the recovery from the pandemic and:-
- i) endorses the Royal College of Emergency Medicine’s plan for the recovery of Unscheduled, Urgent, Emergency and Acute care;
 - ii) insists that general practices should be empowered and enabled to manage their return to “business as usual”;
 - iii) believes that substantial new additional financial investment is required to increase and support the necessary workforce, equipment, facilities and support services to achieve recovery of physical, mental health and public health services;
 - iv) believes that the private sector should be part of recovery plans for elective care;
 - v) believes that all unnecessary bureaucracy and targets distracting from patient care should be suspended until the recovery is complete.
- 7a **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting endorses the Royal College of Emergency Medicine’s plan for a Summer to Recover from the pandemic, specifically for the Governments of all 4 nations of the UK to:-
- i) embed Unscheduled Care firmly into recovery plans and allocate sufficient funding to support the whole Urgent and Emergency Care system;
 - ii) expand capacity and restore acute hospital beds;
 - iii) be transparent about the efficacy of the NHS 111 First and other equivalent phone-first services;
 - iv) commit to using the 12-hour data from time of arrival for all Emergency Departments to drive plans for winter; and
 - v) require their NHS Trusts and Boards to:
 - ensure there is adequate alternative care for patients with urgent problems who may be better cared for elsewhere
 - use 12-hour data from time of arrival to proactively address crowding and corridor care
 - work actively with local health systems to ensure that service provision matches local population need.
- 7b **Motion** by CONFERENCE OF LMCS: That this meeting believes that honesty with the UK public is needed about the scale of the backlog in usual NHS care as a result of Covid-19, and the time it will take for this to revert to normal standards, and:-
- i) believes that there will be some changes to what is available from the NHS which may result in rationing of care;
 - ii) requires GPC to enable and empower individual general practices to dictate the pace of return to ‘business as usual’ for all non-essential services;
 - iii) demands that governments provide clear public communication about which treatments and services are not available on the NHS and where to seek help otherwise;
 - iv) calls on governments to provide additional funding to enable access to, and support from, mental wellbeing services for the general practice workforce;
 - v) calls on GPC to continue to ensure that clinical time can be focused on delivering clinical care, not on meeting burdensome targets or indicators that do not directly promote safe, quality patient care.

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- 7c **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting demands the government to invest more money and manpower to tackle mental health issues, and the increase in alcohol related problems, caused by the Covid-19 pandemic and the impact of lockdown.
- 8 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is appalled at reports that doctors have been encouraged to discharge patients early or not to admit patients despite the risk and calls on the BMA to:-
i) develop a clear plan to support doctors to deal with performance issues resulting from system pressures;
ii) continue and escalate lobbying to the Departments of Health to urgently increase front line capacity;
iii) issue a joint statement with all health unions to highlight this issue;
iv) campaign for the introduction of safe staffing legislation across the UK;
v) create a toolkit for trusts and health boards to enable and assist them to set and adhere to safe minimum staffing levels.
- 9 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting calls for clearly publicised zero tolerance policies against racism in the NHS which specifically covers:-
i) no patient has a right to choose a treating clinician based upon their ethnicity;
ii) clear pathways for when care should be withheld to protect staff from racist patients.
- 10 **Motion** by CONFERENCE OF LMCS: That this meeting believes that the professional regulatory processes discriminate against BAME doctors and demands a major review of the system.

Monday 11.00 – 11.15

MEMORIAL IN REMEMBRANCE OF BMA MEMBERS, FRIENDS AND COLLEAGUES WHO HAVE DIED 2019-2021

BREAK

Monday 11.15 – 11.30

BUILD BACK TOGETHER: FOR THE PROFESSION

Monday 11.30 – 13.00

- 11 **Motion** by ISLINGTON DIVISION: That this meeting believes that all doctors should be vaccinated against Covid-19, unless there is a medical contraindication.
- 12 **Motion** by LONDON REGIONAL COUNCIL: That this meeting is deeply concerned by proposals to establish a Medical Apprenticeship Scheme that will lead to a two-tier system for medical professionals. This meeting calls on the BMA to:-
- i) reject these plans outright, particularly the ability of local employers to determine entry standards of medical students, apprentice or otherwise;
 - ii) lobby for increased accessibility for financial support by way of bursaries, grants and subsidised tuition fees instead of apprenticeships;
 - iii) propose the inclusion of extracurricular roles such as healthcare assistant (HCA) which are remunerated to financially support undergraduates;
 - iv) recognise the impact on training of current medical students, doctors in training and educational supervisors.
- 13 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the unjust discrepancy in the title of certificate issued to two groups of doctors at the end of their training for them to enter the specialist register. While trainees are issued with CCT, self-directed trainees and SAS doctors who demonstrate all the competencies of the curriculum are issued with CESR. We believe that all doctors who successfully achieved all the competencies required for entry into the specialist register should be awarded the same certificate. Doctors who successfully achieved CESR would have already demonstrated their competency through meeting the training requirements in their specialty. Hence, they should be awarded the same certificate as their counterparts. We urge the BMA to campaign with the GMC, Health Education England and its devolved equivalents and the Royal Colleges to:-
- i) abolish this two-tier system;
 - ii) issue CCT for all doctors whose applications of entry into the specialist register are successful, regardless of their training pathway.
- 14 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises medical student sex workers, that a large proportion of student sex workers are from marginalised backgrounds, and that the pandemic has forced student sex workers into more risky situations. It mandates the BMA to:-
- i) lobby the GMC and Medical Schools Council to ensure medical students engaging with sex work, of whatever form, to support their studies are not penalised for this, and are safe from expulsion and professionalism proceedings;
 - ii) work with medical schools to develop specialised support for students involved in sex work, ensuring an environment free from judgement and completely confidential;
 - iii) advocate for universities to remove “morality clauses”.

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- 15 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting recognises that “The Hostile Environment Policy” has a detrimental impact on the health of patients, doctors and minority groups whilst also threatening public health and calls for the BMA:-
- i) to lobby for undergraduate and postgraduate training on how the hostile environment policy impacts doctors’ clinical practice;
 - ii) to provide clear guidelines for doctors considering supporting patients and patient groups affected by the hostile environment policy;
 - iii) to ensure that full support is offered to its members who are penalised for advocating for those whose health is threatened by the hostile environment policy.
- 16 **Motion** by KESTEVEN DIVISION: That this meeting insist that the BMA recognise the huge contributions of NHS staff from overseas to the UK and the psychological impact of not being able to look after elderly parents abroad. There has been instances where the NHS lost staff as visas were refused to dependent parents because the criteria to prove dependency are absolutely onerous. Hence BMA must lobby the Home Office to make the visa procedures more easy for elderly parents of overseas NHS staff.

Session closes

Monday 13.00

BUILD BACK TOGETHER: FOR SOCIETY

Monday 13.45 – 16.00

- 17 **Motion** by NORTH EAST REGIONAL COUNCIL: The Covid-19 crisis has highlighted that the UK was woefully underprepared to tackle a pandemic. Thousands of people have needlessly died or been harmed due to the virus. That this meeting calls for a wide-ranging public inquiry into the Covid-19 pandemic:-
- i) to be initiated without delay;
 - ii) that includes, but is not limited to, full evaluation of the strengths and weaknesses of national public health system, the fitness of purpose of its health protection systems, the impact of the progressive loss of medical expertise, 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, and management of outgoing and incoming travellers;
 - iii) that has 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 UK Health Security Agency (UKHSA) and Office of Health Protection (OHP);
 - iv) that recognises the essential role of health and social care workers, particularly those receiving poor pay and working in difficult conditions;
 - v) that considers whether actions of ministers and advisors meets the threshold for criminal negligence investigations and prosecution.

- * 18 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY LOTHIAN DIVISION): That this meeting recognises the large numbers of people affected by Long-Covid and:-
- i) calls on UK governments to invest in the monitoring, research and treatment of Long-Covid;
 - ii) urges the BMA to seek the recognition of occupationally acquired Acute Covid and Long-Covid in doctors as an occupational disease;
 - iii) calls for a multidisciplinary approach to the management of Long-Covid to include primary, specialist and occupational medicine.

- 18a **Motion** by LOTHIAN DIVISION: That this meeting recognises the large numbers of people affected by Long-Covid and demands:-
- i) the recognition of Long-Covid as an occupational illness;
 - ii) that all four Governments provide adequately funded services for Long-Covid.

- 18b **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting, notwithstanding the evolving knowledge and diagnostic challenges related to occupationally acquired Acute or Long-Covid, insists it be legally recognised as an occupational illness for NHS staff.

- 18c **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes that the ONS data from the Coronavirus infection survey estimates the prevalence of self-reported 'Long-Covid' to be 1.1 million people, with 122,000 NHS personnel thought to be affected.

NHS England has established a network of specialist clinics to support those experiencing long term symptoms and functional limitations from Long-Covid, but these clinics often do not include the expertise of specialist occupational physicians to

ensure an appropriate return to work, where possible, and no clinics have been established in Wales, Scotland or Northern Ireland.

Therefore, this meeting demands that:-

- i) there should be equitable access to appropriate assessment and support services for Long-Covid patients in all four nations of the United Kingdom, with the establishment of specialist assessment and therapeutic services in Wales, Scotland and Northern Ireland;
- ii) all these clinics should be run by multidisciplinary teams which include specialist occupational physicians to ensure that the health outcome of a successful return to work is achieved where possible.

- 19 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting finds the practice of gay conversion therapy to be unethical and damaging. We call on the BMA to:-
 - i) lobby the UK government to ensure this damaging practice is banned;
 - ii) lobby the GMC to introduce sanctions up to and including erasure of medical practitioners performing gay conversion therapy.
- 20 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises and deplors the increase in domestic abuse that has occurred during the pandemic and calls on:-
 - i) the government to bring in an offence of near-fatal strangulation and;
 - ii) Public Health England and Public Health Wales to instigate training to increase awareness of pointers to abuse among all front-line staff in health and social care, in schools and in the police.
- 21 **Motion** by LONDON REGIONAL COUNCIL: That this meeting understands the value of health data in research and planning but has no confidence in the ability of NHS Digital to keep the data extracted under the new General Practice Data for Planning and Research system safe. This meeting instructs the BMA to demand that the system should be opt in not opt out.
- 22 **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
 - i) utterly condemns government proposals to send people seeking asylum in the UK abroad while their asylum claims are being considered;
 - ii) demands that the BMA makes our condemnation widely and publicly known.
- 23 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises the environmental and financial consequences of increasing demands of single-use plastic personal protective equipment (PPE) since the start of the Covid-19 pandemic. Single-use aprons, gowns and gloves are currently not recyclable or biodegradable. Plastics are incinerated causing further CO2 emissions. This meeting calls on the BMA to:-
 - i) lobby the NHS, and NHS Supply Chain, to only implement use of single-use PPE where there is a clear evidence basis for its efficacy;
 - ii) support initiatives that commit to trialling and introducing reusable and recyclable PPE and the environmentally-conscious treatment of waste;
 - iii) lobby the Government to create recycling legislation to ensure that there are sufficient recycling bins in all clinical areas.

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- 24 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting believes that immediate action must be taken as part of a solution to the climate crisis. This meeting calls on the BMA to:-
- i) campaign for the UK to become zero-carbon by 2030 including elimination of fossil fuel use by the NHS;
 - ii) lobby relevant bodies for climate refugees to be welcomed unconditionally to the UK, and given equal access to public services without charge or excessive paperwork;
 - iii) lobby for investment in public transport infrastructure so all NHS workers, on all shifts, have the ability to commute using public transport;
 - iv) audit BMA policy to assess its impact on the climate and bring anything with a negative impact to ARM for review.
- 25 **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting:-
- i) notes that regarding Clinically Assisted Nutrition and Hydration (CANH) in patients with Persistent Disorders of Consciousness (PDOC), recent research published in Clinical Medicine, suggesting that BMA/GMC guidance on CANH, brought in after the 2018 Supreme Court 'Y' judgement, is rarely being followed by NHS Trusts;
 - ii) is concerned that there appears to be no effective monitoring mechanism for these complex and challenging end of life scenarios when CANH is withdrawn from patients who lack capacity to consent;
 - iii) calls upon the BMA to lobby the Care Quality Commission to include scrutiny of CANH withdrawals in PDOC cases within its regular inspection regimes of NHS Trusts;
 - iv) calls upon the RCP to expedite existing plans for a national PDOC register.

BREAK

Monday 16.00 – 16.15

ARTICLES AND BYE-LAWS

Monday 16.15 – 17.10

Articles

- 26 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to articles 13 and 14 of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval.
- 27 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to article 79(1) of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval.
- 28 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to article 79(3) (k) of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval.

Bye-laws

- 29 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the bye-laws of the association be amended as follows:-
- i) changes to bye-laws part 1 membership and part 3 representative body in the manner shown in appendix III of document ARM1A;
 - ii) changes to bye-laws part 5 committees and other bodies of the association in the manner shown in appendix III of document ARM1A;
 - iii) changes to the bye-law schedules in the manner shown in appendix III of document ARM1A.

(NB: This motion is the usual ARM bye-law proposals regarding the 'standard' or 'routine' changes to the bye-laws (such as changes of names of committees and councils, membership thereof, terms of reference etc.) that have been proposed by those committees or officers; and have been scrutinised and ultimately approved as part of the routine business of the organisation committee and subsequently approved by council. This motion therefore allows all the necessary changes to the bye-laws excluding the proposals regarding changes to council which follow as a separate debate).

- 30 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the bye-laws of the association be amended as follows: changes to bye-laws part 4 Council in the manner shown in appendix IV of document ARM 1A.

'A' AND 'AR' MOTIONS

Monday 17.10 – 17.15

- 31 **Confirm:** That the motions marked with an 'A' (items 32 - 50) have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting.

(NB: Motions marked with an 'AR' (items 51 - 63) have been assessed by the agenda committee to relate to new matter and the council chair is prepared to accept these without debate for council to consider).

'A' motions

- A** 32 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting commends the clinical academics who stepped up their clinical duties to help support the fight against Covid-19. In particular, it commends and supports the committee's efforts to:-
- i) recognises the additional mental health strain experienced by clinical academics during the pandemic;
 - ii) ensure that clinical academics are fully supported by their institutions;
 - iii) highlight additional research support and time requirements for clinical academics resuming PhD studies;
 - iv) ensure that clinical academics receive appropriate wellbeing support from their institutions.
- A** 33 **Motion** by CONFERENCE OF LMCS: That this meeting is seeking assurance that an indemnity solution is found for GPs in Northern Ireland and agreed with NI

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Department of Health in the near future. This is urgent as the upcoming decision on the discount rate could increase indemnity subscriptions to a level where it would not be viable to work as a GP in NI.

- A** 34 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is ashamed that people die in distress in the UK and calls for resources to be provided to palliative care for systems to fund support and provide better services to those with palliative care needs.
- A** 35 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that less than full-time (LTFT) staff are at a disadvantage when receiving compensatory rest and suggests that:-
i) when a mandated rest day to comply with working time regulations falls on a non-working day then trainees should be able to exception report this;
ii) more robust guidance for rota co-ordinators should be produced to ensure that LTFT trainees are not overly disadvantaged compared to full time colleagues.
- A** 36 **Motion** by LINCOLN DIVISION: 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.
- A** 37 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting urges the BMA to impress on the Government that the proposals on regulation of healthcare professionals must ensure that the GMC's right of appeal against MPTS decisions is removed.
- A** 38 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists:-
i) all job plans must encompass all activity connected with the post;
ii) the division of programmed activities/sessions must reflect the time to complete the elements of the job plan including but not limited to: Direct clinical contact, On call, Administrative and meeting activity, Mandatory Training, and Teaching/Supervision activity;
iii) on reduction of the number of sessions/PAs there must be an agreement with the doctor regarding the number and proportion of supporting professional activities (SPAs) rather than a pro-rata reduction.
- A** 39 **Motion** by SALISBURY DIVISION: That this meeting calls for doctors to be provided with flexibility by their employer with regards to when they take their annual leave.
- A** 40 **Motion** by LINCOLN DIVISION: 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.
- A** 41 **Motion** by CORNWALL DIVISION: That this meeting believes there should be timely publication and peer review of SAGE opinion and advice to government on incidents with the potential to affect public health.
- A** 42 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting instructs BMA:-

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i) to undertake an audit of all BMA committees, subcommittees, the organisation and Council regarding the implementation of the Romney report;
ii) to circulate to all members a report within 6 months of the audit it undertakes on implementation of the Romney recommendations.

- A** 43 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting notes the importance of the Romney Report and instructs the BMA to:-
i) undertake an audit of all BMA committees, subcommittees, council and the organisation regarding the implementation of the Romney Report;
ii) circulate to all members within 6 months of the proposed audit a report on the implementation of the Romney recommendations.
- A** 44 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting instructs the BMA:-
i) to undertake an audit of all BMA committees, subcommittees, the organisation and Council regarding the implementation of the Romney report;
ii) to circulate to all members a report within 6 months of the audit it undertakes on implementation of the Romney recommendations.
- A** 45 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: Extra capacity for isolation/separation of Covid positive patients should be developed immediately in Primary Care, A&E, Inpatient wards and ICUs to protect patients and staff regarding future Covid waves and future local outbreaks.
- A** 46 **Motion** by SCOTTISH COUNCIL: That this meeting believes that the UK Governments should negotiate a fair tax-unregistered pension scheme for NHS doctors.
- A** 47 **Motion** by NORTH DEVON DIVISION: That this meeting wishes to see a fair global distribution of Covid-19 and other vaccines in this and future years.
- A** 48 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises that Primary Care did not shut during the pandemic, but appropriately changed working practices to protect both patients and staff, continuing to see patients face to face where this was necessary, and calls on the BMA to demand NHSE cease and desist from negative briefings suggesting otherwise.
- A** 49 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes that the government have been wilfully ignorant about the impact that the annual allowance and taper is having on members of the NHS pension scheme and calls for the removal of the annual allowance and taper in defined benefit schemes with immediate effect.
- A** 50 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting expresses its huge thanks to junior doctors redeployed during the pandemic who missed out on a significant amount of training and recognises the need to prioritise specialty training needs and to ensure transparency and consistency in approach between specialties.

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'AR' motions

- AR** 51 **Motion** by ARMED FORCES COMMITTEE: That this meeting recognises the contribution of armed forces doctors to the national response to the Covid-19 pandemic and demands that this be recognised by a pay rise that at least matches that of their NHS colleagues.
- AR** 52 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting instructs the BMA to publish its Professional Fees Calculator on the internet for members use before the end of the calendar year.
- AR** 53 **Motion** by ARMED FORCES COMMITTEE: That this meeting calls upon government to institute the same pensions flexibilities for uniformed personnel as their NHS counterparts.
- AR** 54 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for a comprehensive review and a revised methodology for calculating individual member subscriptions:-
- i) to modernise the current approach based on time since qualification;
 - ii) to more closely align the membership fees to individual member income;
 - iii) to address the challenges of less than full time working, and the gender pay gap;
 - iv) to ensure any earnings level for eligibility for a discounted membership fee is revised;
 - v) to involve relevant groups and committees within the association in the review;
 - vi) to report back with recommendations to the 2022 ARM.
- AR** 55 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting declares that the climate emergency is a health emergency, and calls on the BMA to:-
- i) campaign for the UK to become zero-carbon by 2030;
 - ii) lobby NHS Trusts and Health Boards to embed sustainability criteria into their tendering processes;
 - iii) endorse the Green New Deal;
 - iv) support the Health for a Green New Deal Campaign.
- AR** 56 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting notes the establishment of the UK Health Security Agency (UKHSA) and the Office for Health Promotion (OHP) and calls on the Secretary of State, the Department for Health and Social Care and CMO to ensure the new organisations:-
- i) are set up as part of the NHS and as NHS Special Health Authorities;
 - ii) enable staff to work seamlessly with other public health organisations at local and regional level in England, and with national public health organisations in Wales, Northern Ireland and Scotland;
 - iii) employ public health specialist staff on NHS equivalent consultant contracts;
 - iv) ensure easy movement of staff without detriment to terms and conditions, pay, pensions and continuity of service between the new organisations, local authorities, integrated care systems, the NHS and national public health organisations in the devolved administrations;
 - v) deliver an effective appraisal and revalidation system covering all public health specialists, hosted by UKHSA or OHP;

- vi) continue to deliver high-quality training placements and education for specialty registrars in public health and associated specialties;
- vii) uphold the contractual right of consultant staff to advise, speak and publish on matters of public health interest without fear or favour;
- viii) undertake to adapt and update the PHE code of conduct to reflect the needs of staff working under both GMC code and the civil service code.
- ix) invest in Healthcare Public Health expertise and training for those from Public Health and other medical specialties.

- AR** 57 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes that simple reasonable adjustments can make access to, and engagement with, BMA meetings easier and more inclusive for neurodivergent elected representatives. We call on the BMA to develop and implement best practice guidance and a clear pathway to ensure that:-
- i) all elected members are aware of possible adjustments and support in order to ensure they can achieve their full potential in their role;
 - ii) BMA staff are provided with training and appropriate resources to support elected representatives who need reasonable adjustments.
- AR** 58 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the opportunities BMA events connecting neurodiverse, disabled, and chronically ill medics have given members and the benefit the Network of Elected Women and the BME Network have brought to members from their respective marginalised groups, and mandates the BMA to implement a Network for Disabled, Chronically Ill, and Neurodiverse doctors and medical students.
- AR** 59 **Motion** by SAS CONFERENCE: The Covid-19 pandemic has brought to the forefront many examples of unity and comradeship. Whilst the past 12 months has seen a great deal of negatives there have also been some positive changes. One such enforced change is the practice of meeting virtually. Whilst we recognise the value and positive impact of face-to-face interaction, we must also be mindful of the enormous benefits of virtual meetings for the environment and family life. We ask the BMA to lead the way amongst professional organisations in the planning of future meetings, by carefully considering the merits of virtual versus reality, with a move to ensure that as many as possible of these meetings are virtual or, if reality, offer a virtual option for those who cannot travel.
- AR** 60 **Motion** by SCUNTHORPE DIVISION: 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 positive recognition and utilisation of their experience, expertise and skills is essential to attract them and encourage them to continue with their membership.
- AR** 61 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting affirms that disabled doctors should be valued within the medical profession, and that their lived experience can indeed be an asset with regards to both patient care and service development. The BMA Disabled Doctors Survey 2019 revealed that more needs to be done to ensure that disabled doctors and medical students receive the support they need to thrive in training and the workplace. Furthermore, this conference

Agenda of the ARM

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acknowledges that due to the lack of sufficient education there is a poor disability awareness amongst many health professionals regarding disability. This has a detrimental effect on disabled staff and on the respectful, person-centred care of disabled patients and we affirm that it should not be left to individual disabled doctors [or patients] to repeatedly educate colleagues.

And calls on the BMA to:-

- i) lobby relevant educational bodies to ensure that undergraduate and postgraduate training is developed [in collaboration with disabled patients and doctors] to properly reflect how disability impacts on lived experience including access to healthcare and more broadly the ability to participate in life;
- ii) recognise that a significant proportion of disabled doctors and medical students do not receive the reasonable adjustments needed to enable them in training, education and the workplace, and to work with educators, and employers and other relevant organisations to address this disparity;
- iii) lobby relevant bodies to ensure that paid disability leave is available to disabled doctors. Recognising that doing so better enables disabled doctors to manage their disability or health condition, and moreover to meet the requirements of GMC registration by undertaking appropriate treatment or therapy to manage their health.

AR 62 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting believes that UK medical research, UK healthcare and the UK generally have benefitted from international research collaborations established through development funding. This meeting, therefore, condemns the decision by the UK government to cut funding for such programmes, including some that have yet to conclude. This meeting believes that the decision threatens the careers and livelihoods of medical academics; damages the reputation of the UK and UK research abroad and will reduce the influence of both and make future agreements and arrangements harder to reach. This meeting, therefore, calls on the UK government to reverse its damaging and self-defeating decision.

AR 63 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is shocked at the unfair treatment of less than full time NHS staff pensions and calls on the BMA to lobby government to amend the pension scheme in order that those working less than full time can pay a percentage contribution rate lower than that of their full-time equivalent colleagues.

FINANCES OF THE ASSOCIATION

Monday 17.15 – 17.30

64 **Receive:** That the report from the BMA treasurer (Dr Trevor Pickersgill) for the session 2020-21 is available from the website.

Opportunity for representatives to ask questions of the BMA treasurer.

65 **Motion** by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2020 as published on the website be approved.

Contingency time

Monday 17.30 – 17.45

Session closes

Monday 17.45

BUILD BACK TOGETHER: FOR YOU

Tuesday 9.00 – 9.45

- * 66 **Motion** by SCUNTHORPE DIVISION: That this meeting is concerned that:-
- i) large numbers of doctors are now swelling the ranks of retirees much earlier in their careers due to low morale, higher workload and punitive pension taxation;
 - ii) the effect of punitive pension taxation on doctors retiring early has not been properly addressed by HM Government;
 - iii) current pension policy does nothing to address the medical workforce crisis;
 - iv) the lifetime allowance is a disincentive to doctors, should they wish, to work above their contracted hours and on to normal retirement age;
 - v) this meeting, while recognising the work already done by the pensions committee, calls on the association to continue to engage in hard negotiations to eliminate these disincentives to encourage our colleagues to remain longer in active clinical practice.
- 66a **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting is concerned that:-
- i) large numbers of doctors are now swelling the ranks of retirees much earlier in their careers due to low morale, higher workload and punitive pension taxation;
 - ii) the effect of punitive pension taxation on doctors retiring early has not been properly addressed by HM government;
 - iii) current pension policy does nothing to address the medical workforce crisis;
 - iv) the lifetime allowance is a disincentive to doctors should they wish to work above their contracted hours and on to normal retirement age;
 - v) this meeting calls on the Association to continue to engage in hard negotiations to eliminate these disincentives and to retain our colleagues in active clinical practice.
- 66b **Motion** by ISLINGTON DIVISION: That this meeting notes the need for pension reforms to encourage retention of doctors, especially senior ones, in the workplace. The NHS Pension scheme has been reformed in the face of longer periods of service alongside reductions in the accumulated benefits end of scheme benefits, the tax changes result in senior staff being literally 'paying for the privilege of working' which has caused more senior staff seeking early retirement.
- 67 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting welcomes the Health and Safety Executive requirements on employers for facilities for pregnant and breastfeeding employees, believes no pregnant woman should be forced to take any risks to her 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.
- * 68 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting:-
- i) recognises that BMA devolved national councils and devolved nation branch of practice committees have delegated authority to make their own decisions, based upon what is best for members in their nation;
 - ii) believes that any policy decision passed by a UK branch of practice committee or BMA conference, including the ARM, should not be considered binding on a devolved nation if it is considered detrimental by the relevant BMA committee in that nation;

iii) demands that the organisation committee delivers a proposal to ensure the Articles and Byelaws of the BMA reflects the diverging contexts of the RB across nations with a view to agreeing at ARM in 2022.

68a **Motion** by SCOTTISH COUNCIL: That this meeting:-

- i) recognises that BMA devolved national councils and devolved nation branch of practice committees have delegated authority to make their own decisions, based upon what is best for members in their nation;
- ii) believes that any policy decision passed by a UK branch of practice committee or BMA conference, including the ARM, should not be considered binding on a devolved nation if it is considered detrimental by the relevant BMA committee in that nation;
- iii) demands that the Organisation Committee delivers a proposal to ensure the Articles and Byelaws of the BMA reflects the diverging contexts of the RB across nations with a view to agreeing at ARM in 2022.

68b **Motion** by WELSH COUNCIL: That this meeting:-

- i) recognises that BMA devolved national councils and devolved nation branch of practice committees have delegated authority to make their own decisions, based upon what is best for members in their nation;
- ii) believes that any policy decision passed by a UK branch of practice committee or BMA conference, including the ARM, should not be considered binding on a devolved nation if it is considered detrimental by the relevant BMA committee in that nation;
- iii) demands that the organisation committee delivers a proposal to ensure the Articles and Byelaws of the BMA reflects the diverging contexts of the RB across nations with a view to agreeing at ARM in 2022.

APPOINTMENT OF THE PRESIDENT OF THE BMA

Tuesday 9.45 - 9.55

69 **Motion** by COUNCIL: That Professor Martin McKee be appointed BMA president for the session 2022-23.

INSTALLATION OF THE PRESIDENT FOR 2021-2022 SESSION

Tuesday 9.55 - 10.15

Acting representative body chair, Latifa Patel to give thanks to retiring president, Professor Harry Burns and welcome to new president for 2021-2022 session, Professor Neena Modi.

(NB: A pre-recorded 'in conversation' piece with Professor Harry Burns and Professor Neena Modi is available from the website).

OPEN SESSION: PHYSICIAN-ASSISTED DYING

Tuesday 10.15 – 11.15

A special session with a facilitated discussion on the findings of the all-BMA member survey on physician-assisted dying carried out last year. This session will also begin to explore how we can best represent our members' professional interests and concerns in the event of future legislative proposals.

Representatives are asked to familiarise themselves with the information and resources provided at www.bma.org.uk/pad in advance of this session.

BREAK

Tuesday 11.15 – 11.30

PHYSICIAN-ASSISTED DYING

Tuesday 11.30 – 12.30

- * 70 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting believes, in order to represent the diversity of opinion demonstrated in the survey of its membership, the British Medical Association should move to a position of neutrality on assisted dying including physician assisted dying.
- 70a **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the BMA's historical opposition towards physician-assisted dying, but recognises that last year's member survey and numerous others suggest that this position is no longer tenable, and we call for a return to the neutral stance that we held in 2005.
- 70b **Motion** by BOLTON & WIGAN DIVISION: That this meeting notes the BMA's historical and current opposition towards physician-assisted dying. Last year's member survey and numerous surveys of the public suggest that this position is no longer credible or tenable, and we call for a return to the neutral stance that we briefly held in 2005.
- 70c **Motion** by SHROPSHIRE DIVISION: That this meeting notes that the 2020 independent survey of BMA members on assisted dying (AD) showed that only one third of respondents agree with the BMA's current policy of opposition. This meeting:-
 - i) requires the BMA to offer parliamentarians and society balanced medical opinion in this area as the most appropriate, professional and representative stance to facilitate what is a societal decision;
 - ii) calls on the BMA to represent the wide spectrum of views held by doctors about AD by adopting a neutral position regarding AD legislative change.

- * 71 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY LINCOLN DIVISION): That this meeting calls for robust conscience rights to be included in any future legislation on assisted dying in the United Kingdom, believing that:-
- i) the right of conscientious objection should apply to all health, care and administrative staff;
 - ii) the right of conscientious objection should include the right to not prescribe lethal doses of medication;
 - iii) a clinician with a conscientious objection should still provide a factual report to any decision making body if appropriate and relevant;
 - iv) a clinician with a conscientious objection should still refer to another clinician to ensure appropriate access to care.
- 71a **Motion** by LINCOLN DIVISION: That this meeting, regardless of the BMA's overall stance on the issue, if legislation is introduced to legalise assisted dying in the United Kingdom, believes that:-
- i) the process should be run by the justice system, informed by the healthcare system;
 - ii) all healthcare staff should have the right to have a conscientious objection;
 - iii) the right to conscientious objection should include the right to not prescribe lethal doses of medication;
 - iv) a conscientious objector should still be expected to refer a patient to another clinician to ensure appropriate access to care, and to provide a factual report to the decision making body if appropriate and relevant;
 - v) the process should only be available for:
 - a) those over 18 years old
 - b) who have the mental capacity to make their own decision
 - c) have made a voluntary request
 - d) have either a terminal condition (that is, one which is likely to lead to death within 6 months) or a serious physical illness causing intolerable suffering that cannot be relieved
 - vi) all patients wanting to be referred should first be assessed by a multidisciplinary team specialising in palliative care and/or chronic pain management;
 - vii) before any legislation is voted on by the parliaments, there should be robust study into safeguarding vulnerable adults throughout the proposed process.
- 71b **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: Regardless of the BMA's overall stance on the issue, if legislation is introduced to legalise assisted dying in the United Kingdom, this meeting believes that:-
- i) the process should be run by the justice system, informed by the healthcare system;
 - ii) all health, care and administrative staff should have the right to have a conscientious objection;
 - iii) the right to conscientious objection should include the right to not prescribe lethal doses of medication;
 - iv) the right to a conscientious objection should exclude the need for a clinician to provide written factual reports to the decision making body;
 - v) the process should only be available for:
 - a) adults

- b) who have the mental capacity to make their own decision
- c) have made a voluntary request
- d) have either a terminal condition or a serious physical illness causing intolerable suffering that cannot be relieved
- vi) all patients wanting to be referred should first be assessed by a multidisciplinary team specialising in palliative care and/or chronic pain management;
- vii) before any legislation is voted on by the parliaments, there should be robust study into safeguarding vulnerable adults throughout the proposed process.

- 71c **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls for any future legislation on assisted suicide and euthanasia:-
- i) to be implemented outside of normal clinical practice and;
 - ii) to stipulate that doctor participation must be limited to the provision of expert advice on the strictly-medical aspects of requests to those charged with examining and ruling on them and;
 - iii) contains a legal safeguard for a 'conscience clause' that recognises that a substantial number of members of the Association have concerns over the compatibility of assisted suicide and euthanasia with ethical practice and that such a clause must provide adequate protection to clinicians.

- 71d **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting:-
- i) calls on the BMA to continue to represent the diverse views of its members on the complex and nuanced issue of Physician-Assisted Dying (PAD), regardless of the BMA's overall position on PAD;
 - ii) communicate to legislators the significant concerns that exist about the potential for incremental extension of laws on PAD, especially those framed around arbitrary limits on prognosis;
 - iii) asserts that robust conscience rights for clinicians must be included and defended if PAD were ever to be legalised;
 - iv) note with concern that conscience rights for clinicians have been subsequently weakened in some jurisdictions where PAD has been legalised;
 - v) advocate that any future PAD proposals should clearly demarcate PAD both from normal NHS care, and from palliative care;
 - vi) communicate to legislators the significant concerns that exist about the potential for PAD to normalise suicide in society, and for vulnerable patients to feel obligated to request PAD.

Contingency time **Tuesday 12.30 – 13.00**

Session closes **Tuesday 13.00**

ANNUAL GENERAL MEETING **Tuesday 13.00**

189th ANNUAL GENERAL MEETING to be held virtually on Tuesday 14th September 2021 at 13.00 pm.

Further arrangements for the virtual meeting will be available to BMA members on the BMA website: bma.org.uk/agm

BUILD BACK TOGETHER: FOR YOU

Tuesday 14.00 – 15.00

- 72 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes the lack of a published plan regarding how the BMA will influence decisions on doctors' pay once the BMA leaves the DDRB process. We call on the BMA to:-
- i) immediately advise the membership of what alternative routes for pay negotiations will be pursued when the BMA leaves the DDRB process;
 - ii) ensure there is a mandatory requirement for all branches of practice to publish annual reports as to the state of their workforce and requests for pay, in line with the standard expected for submission to the DDRB; and
 - iii) hold a referendum on the BMA's relationship with the DDRB before the next ARM.
- 73 **Motion** by CONFERENCE OF LMCS: That this meeting notes the concerns expressed by indemnity providers that the goodwill shown to clinicians in the pandemic will be lost under a deluge of litigations and demands the GPC seeks:-
- i) full immunity for all doctors from clinical negligence claims during the Covid-19 pandemic;
 - ii) a Repeal of S2(4) of the Law Reform (Personal Injuries) Act 1948;
 - iii) the establishment of an independent body to define the NHS health and social care package which can give an appropriate standard of care for all patients irrespective of the cause of the patient's care requirements;
 - iv) to limit compensation claims to the costs of additional care required;
 - v) that we move to a New Zealand no fault compensation scheme.
- 74 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting believes maternity pay in the NHS should be improved and:-
- i) should be calculated based on the pay the doctor would have received over the maternity period, rather than an arbitrary time period during pregnancy which negatively impacts on junior doctors who rotate regularly;
 - ii) calls for the NHS Staff Council to negotiate parity of eligibility criteria so that NHS maternity pay begins at the 11th week before the expected week of childbirth and employees are eligible after 26 weeks employment in line with statutory maternity pay.
- 75 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting welcomes the 2020 High court judgement that ruled against suspending NHS pension benefits for doctors charged with a crime but calls on the BMA to now lobby for further changes to end the grossly unfair suspension of pensions for those convicted of a crime.

MOTIONS ARISING FROM THE ARM

Tuesday 15.00 – 15.45

Chosen motions as voted on by the Representative Body.

BREAK

Tuesday 15.45 – 16.00

MOTIONS ARISING FROM THE ARM

Tuesday 16.00 – 17.30

Chosen motions as voted on by the Representative Body and emergency motions as identified and ordered by the ARM agenda committee.

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CLOSING BUSINESS

Tuesday 17.30 – 17.45

- 76 **Motion** by THE BMA COUNCIL CHAIR: That the BMA acting representative body chair be empowered on behalf of the meeting to approve the minutes of the meeting.

Closing remarks from the BMA acting representative body chair.

ARM ENDS

Tuesday 17.45

