Board of science transcript ARM2021

**Professor Dame Parveen Kumar**

My name is Professor Dame Parveen Kumar and I have the privilege of chairing the Board of Science. My report to the Annual Representative Meeting would normally cover the work of the Board over the past year, but, as my tenure as Chair is drawing to an end, and this will be my final speech, I ask your forgiveness in taking the opportunity to be somewhat more reflective.

When I was President of the BMA many years ago, the Board of Science was one of the committees in which I the greatest interest. So, naturally, I was delighted when I was asked to chair the Board following an interview. I was compelled by its capacity to bring about significant change to help patients across the UK. Much of its work focusses on the prevention of disease – for example by trying to curb excessive alcohol consumption, stopping smoking, or improving vaccine take-up. While the BMA is widely known for its trade union work, it is also a professional association, and the Board of Science provides us with the opportunity to really leverage this role. Through this committee, we can bring together voices from across the profession and across sectors and find ways to improve public health, but also to inform about recent scientific discoveries such as, for example, genomics which will provide newer therapies and diagnostic methodologies for current diseases.

I have now been part of the Board for five years and during a time that the nation has faced some of the greatest threats to wellbeing.

The committee takes on the pressing issues of the day, and the scope of our work is massive. This year alone we have held events and produced podcasts on subjects as disparate as long COVID, climate change and knife crime. And that’s just a fraction of our agenda. Looking through a list of Victor Horsley lectures that take place around the ARM– we’ve brought in speakers to talk about everything from the gut microbiome, gambling disorders, drug regulation, health in a humanitarian crisis, obesity, to the connection between dental problems and medical diseases. I am delighted to say that we quadrupled the in- person audience numbers before the pandemic and, of course, during this last year of webinars, the audiences have reached hundreds…and the podcasts continue to be viewed on the Board of Science website.

This year the Victor Horsley lectures are on ‘Obesity: causes and consequences’ to be given by Professor Sadaf Farooqi, Professor of Metabolism at Cambridge, ‘The alcohol pandemic- before and after Covid’ by Professor Sir Ian Gilmore, chair of the Alcohol health Alliance, and on climate change …’Why the Paris treaty can be a public health treaty’ by Dr Maria Neira from the WHO.

There is a lot that can be accomplished over five years. When I started as chair, one of the board’s central concerns was tobacco. Since then, we’ve seen the full implementation of plain packaging (an answer to our lobbying against cigarette branding), pushed for the regulation of e-cigarettes and endorsed the Smoke Free Action Coalition’s roadmap to a smoke-free 2030.

At another point, we published a series of papers on ageing in the UK and held a roundtable event in the House of Lords to discuss what is needed to support this population. We also shared policy recommendations to increase physical activity levels, two papers on the autism spectrum disorder (one looking at waiting times for diagnosis, the other on education, health and care plans in England), and hosted an introduction to the genomic medicine service, an incredible event that helped educate decision-makers on the potentials of this new area of medical endeavour.

Building on the work of our predecessors, the Board looked at how we could tackle dependency on prescription medication. We joined forces with other bodies to push for action, hosted roundtable discussions and addressed members’ concerns about the increasing use of analgesics for the management of chronic pain. Our work has been noted and was one of the key factors leading to Public Health England’s announcement of a review into prescription drug dependence.

I could go on to mention many activities of the Board but as time is short, I shall be selective. While I cannot choose a favourite project, I would like to focus on a few areas the Board has focussed on, which I believe are particularly significant: our work on antimicrobial resistance, women’s health, obesity and climate change.

In 2018, the Board held a symposium on **anti-microbial resistance (AMR**). We understood the threat of a post-microbial age, where heightened resistance caused by the over-prescription and over-use of current antimicrobials would render them useless. At the time, drug resistant infections were responsible for an estimated 700,000 deaths a year. We knew that without action this could reach 10 million by 2050.

In order to bring about the action, we gathered together representatives from organisations across the health, medicines, veterinary and farming sectors, as well as those from BMA committees and councils. We heard presentation from the then Deputy Chief Medical Officer, Professor Jonathan Van-Tam, the Chair of the Government’s Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infection, Professor Mike Sharland, and Chief Veterinary Officer Christine Middlemiss. Over the course of the day, several key themes emerged. There was a need to improve prescribing, education, and public awareness about anti-microbial resistance, as well as research and learning for other countries tackling AMR.

It is no exaggeration to say that this event provided the government with the information to develop its own AMR strategy, and we were happy to see so many of the recommendations of the symposium incorporated into this five-year action plan. We celebrate this, of course, but we continue to engage with DHSC on this area, as it is far from resolved. In October, we will be hosting a scientific session for the World Medical Association (the BMA is hosting the WMA this year), looking at AMR in the context of COVID-19. The pandemic has underscored the pressing need to preserve the efficacy of the drugs we use to treat infectious diseases. Progress is not always linear. The battle against anti-microbial resistance is a battle against medical regression.

The agenda to promote **women’s health**, too, is one that must be continually pushed. Despite representing over half the population, the health needs of women are too often left untreated. Around the world, women continue to be treated like second class citizens. While this does not feel quite so much in the UK, and we have seen genuine improvements – when I studied medicine, there were eight women to 160 men in my cohort, whereas now the medical student body is 60% female – there is still work to be done as women are not reaching the higher posts. In 2017, we held another Board of Science symposium, looking at threats to women’s health. Academics and experts joined us to give presentations on women’s mental health, violence against women, reproductive health, women’s cancer and long-term conditions related to poor diet, health inequalities and global women’s health. The discussions held at this event led to a series of briefing papers looking at how we can address unmet needs, and we continue to feed into the government’s work on this - most recently by providing evidence for a women’s health strategy consultation.

A medical student brought forward a motion to ARM, calling for free sanitary products to be made readily available for all female patients in the NHS. As a Board, we were only too happy to take up this call. We campaigned for the change – issuing Freedom of Information requests, writing to NHSE and NHSW and the Government Taskforce to end period poverty – and in 2019 we were successful. I am particularly proud of this story, for not only was it a medical student who brought about this change, but it also demonstrates our ability as an association to work together, to recognise and champion good ideas. This provision represents a concrete benefit to those we treat, but it is also a recognition of a physical reality that has been long ignored.

The causes of **obesity-related illness** have, too, been ignored – or rather, conveniently framed as a kind of individual failing, rather than something symptomatic of greater inequalities and an irresponsible food industry. The Board of Science and the BMA have worked to change this narrative, lobbying for the Government and the food environment to take responsibility when it comes to public nutrition. In 2018, our efforts saw the implementation of a sugar levy. In 2020, we welcomed the government’s proposed ban on TV and online adverts for food high in fat, sugar and salt before 9pm. We are active members of the Obesity Health Alliance, which throughout the pandemic continues to lobby for key policies that can help improve national health.

This summer, the second part of the National Food Strategy – an independent review – included recommendations on strengthening taxation of sugar and salt, which would drive change from manufacturers, urging them to reformulate their products. It also underscored the need to close the health gap between rich and poor. We backed calls to extend the uplift of universal credit, knowing the link between higher income and healthier food choices. We need to continue urging the powers-that-be to treat nutrition as a national, rather than a personal, subject.

Environmental matters such as **pollution and climate change** are, of course, an international matter, but the UK must understand its place within this global crisis. We held a symposium on the health pollution during my first year of chairing the board, and we have contributed to several inquiries on this matter. Last September, we gave evidence to the House of Commons Environment, Food and Rural Affairs committee, explaining the danger air pollution poses to public health. In 2019, ARM asked the Board to plan, campaign and co-operate to deliver carbon neutrality by 2030. We are a member of the UK Health Alliance of Climate Change – I personally am the ambassador to this organisation – and have been campaigning with them around net zero targets. In May this year we joined UKHACC in hosting a virtual event on how to achieve this in the health service. As disturbing footage of the impact of extreme weather continues to flood our news, the Board recognises that urgency with which we need to reduce greenhouse gasses. So much damage has been done – we know the impact that pollutants and poor air quality have on health outcomes, and the potential devastation climate change can wreak – but this is all the more reason to bring in the measures to prevent things from getting any worse. As we have said before, **future generations deserve to live in a world where their health is not adversely impacted because of the irresponsible behaviour of those that have come before**.

I leave this role, knowing there is still a lot to be done.

We are a committee that deals with longstanding structural issues, but also addresses and responds to topics as they arise. The long-term consequences of the pandemic are enormous– we have already begun work on the mental health impact, the introduction of digital consulting and, as mentioned before, long COVID – but there is also of course, the huge economic fallout of this health crisis, too. The public are now acutely aware of the destructive power of infections, and hopefully will take a greater interest in their health…… something perhaps the Board can help to facilitate.

The BMA had always been, and is known to be, excellent at long-term lobbying and advocacy on the many fronts to bring about sustained change.

I would like to end by thanking the members of the Board with whom I have had the enormous privilege to work, particularly the two vice chairmen Paul Darragh, and over the last 2 years JS Bhamrah. All members have given their time generously. We have representatives from the patient liaison group, MASC, the public health committee, junior doctors, and students, as well as co-opted experts.

I’d like to take this opportunity to thank all the staff I have worked with over the past five years. A huge thank you to the policy unit under Rob Wilson, Jane Lewis and her team in conferences, and Nicky Jayasinghe and her team for their work on the BMA Foundation.   
My chairmanship was enormously helped by the committee secretariat….in the beginning ably led by Stuart Abrahms and recently by Hope Mears. Without them all it would not have been possible. And also a big thank you to ALL the chief officers …... particularly Chaand Nagpaul, and Tom Grinyer.

It has been a huge privilege and a pleasure to work with the Board of Science and I am sorry to leave. However, although I maybe stepping down from this role, I will not be stepping away from supporting the BMA and will continue to speak on pressing issues. I wish the Board of Science and its new chair all the very best in its future work on the professional side of the BMA.

Thank you.