

## RESOLUTIONS - 2021 ANNUAL REPRESENTATIVE MEETING

### DAY 1 AM

ARM agenda No.	Resolutions
7	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>i) endorses the Royal College of Emergency Medicine’s plan for the recovery of Unscheduled, Urgent, Emergency and Acute care;</li> <li>ii) insists that general practices should be empowered and enabled to manage their return to “business as usual”; <b>(CARRIED AS A REFERENCE)</b></li> <li>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;</li> <li>iv) believes that all unnecessary bureaucracy and targets distracting from patient care should be suspended until the recovery is complete.</li> </ul>
8	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>i) develop a clear plan to support doctors to deal with performance issues resulting from system pressures;</li> <li>ii) continue and escalate lobbying to the Departments of Health to urgently increase front line capacity;</li> <li>iii) issue a joint statement with all health unions to highlight this issue; <b>(CARRIED AS A REFERENCE)</b></li> <li>iv) campaign for the introduction of safe staffing legislation across the UK;</li> <li>v) create a toolkit for trusts and health boards to enable and assist them to set and adhere to safe minimum staffing levels.</li> </ul>
9	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>i) no patient has the right to choose a treating clinician based upon their race or ethnicity;</li> <li>ii) clear pathways for when care should be withheld to protect staff from racist patients.</li> </ul>
10	<p><b>Motion</b> 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.</p>
11	<p><b>Motion</b> by ISLINGTON DIVISION: That this meeting believes that all doctors should be vaccinated against Covid-19, unless there is a medical contraindication.</p>
12	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>i) reject these plans outright, particularly the ability of local employers to determine entry standards of medical students, apprentice or otherwise; <b>(CARRIED AS REFERENCE)</b></li> </ul>

	<ul style="list-style-type: none"> <li>ii) lobby for increased accessibility for financial support by way of bursaries, grants and subsidised tuition fees instead of apprenticeships;</li> <li>iii) propose the inclusion of extracurricular roles such as healthcare assistant (HCA) which are remunerated to financially support undergraduates;</li> <li>iv) recognise the impact on training of current medical students, doctors in training and educational supervisors.</li> </ul>
<b>13</b>	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>i) abolish this two-tier system;</li> <li>ii) issue CCT for all doctors whose applications of entry into the specialist register are successful, regardless of their training pathway.</li> </ul>
<b>14</b>	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>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;</li> <li>ii) work with medical schools to develop specialised support for students involved in sex work, ensuring an environment free from judgement and completely confidential.</li> </ul>
<b>15</b>	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>i) to lobby for undergraduate and postgraduate training on how the hostile environment policy impacts doctors’ clinical practice;</li> <li>ii) to provide clear guidelines for doctors considering supporting patients and patient groups affected by the hostile environment policy;</li> <li>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.</li> </ul>
<b>16</b>	<p><b>Motion</b> 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.</p>