## **RESOLUTIONS - 2021 ANNUAL REPRESENTATIVE MEETING**

## DAY 1 PM

ARM agenda No.	Resolutions
17	<b>Motion</b> 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 health inequalities addressed by the Office of Health Promotion (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. <b>(CARRIED AS A REFERENCE)</b>
18	<b>Motion</b> 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;
	<ul> <li>ii) urges the BMA to seek the recognition of occupationally acquired Acute Covid and Long-Covid in doctors as an occupational disease;</li> </ul>
	iii) calls for a multidisciplinary approach to the management of Long-Covid to include primary, specialist and occupational medicine.

19	<b>Motion</b> by JUNIOR DOCTORS CONFERENCE: That this meeting finds the practice of LGBTQ+ 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 LGBTQ+ conversion therapy.
20	<b>Motion</b> by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises and deplores 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) staff training to be instigated for all front-line staff in health and social care, in schools and in the police, to increase awareness of pointers to abuse.
21	<b>Motion</b> 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. <b>(CARRIED AS A REFERENCE)</b>
22	Motion by TOWER HAMLETS DIVISION: That this meeting:-
	<ul> <li>i) utterly condemns government proposals to send people seeking asylum in the UK abroad while their asylum claims are being considered;</li> </ul>
	ii) demands that the BMA makes our condemnation widely and publicly known.
23	<b>Motion</b> 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:-
	<ul> <li>i) lobby the NHS, and NHS Supply Chain, to implement reusable and recyclable</li> <li>PPE as default where these products meet safety standards;</li> </ul>
	<ul> <li>ii) support initiatives that commit to trialling and introducing reusable and recyclable PPE and the environmentally-conscious treatment of waste;</li> </ul>
	iii) lobby the Government to create recycling legislation to ensure that there are sufficient recycling bins in all clinical areas.
24	<b>Motion</b> 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 for investment in public transport infrastructure so all NHS workers, on all shifts, have the ability to commute using public transport;

	iii) 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; <b>(CARRIED AS A REFERENCE)</b>
	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; <b>(CARRIED AS A REFERENCE)</b>
	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.
	A Motions
A 32	<b>Motion</b> 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:-
	<ul> <li>recognises the additional mental health strain experienced by clinical academics during the pandemic;</li> </ul>
	ii) ensure that clinical academics are fully supported by their institutions;
	<ul> <li>iii) highlight additional research support and time requirements for clinical academics resuming PhD studies;</li> </ul>
	iv) ensure that clinical academics receive appropriate wellbeing support from their institutions.
A 33	<b>Motion</b> 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 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	<b>Motion</b> 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 36	<b>Motion</b> 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	<b>Motion</b> 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 39	<b>Motion</b> 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	<b>Motion</b> 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	<b>Motion</b> 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	<ul><li>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting instructs BMA:-</li><li>i) to undertake an audit of all BMA committees, subcommittees, the organisation and Council regarding the implementation of the Romney report;</li></ul>
	ii) to circulate to all members a report within 6 months of the audit it undertakes on implementation of the Romney recommendations.
A 43	<b>Motion</b> 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	<b>Motion</b> 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	<b>Motion</b> by SCOTTISH COUNCIL: That this meeting believes that the UK Governments should negotiate a fair tax-unregistered pension scheme for NHS doctors.

A 47	<b>Motion</b> 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	<b>Motion</b> 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	<b>Motion</b> 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	<b>Motion</b> 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.