RESOLUTIONS - 2021 ANNUAL REPRESENTATIVE MEETING

Day 2 PM

ARM agenda	Resolutions
No.	
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. (CARRIED AS A REFERENCE)
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 BMA seek:- i) a Repeal of S2(4) of the Law Reform (Personal Injuries) Act 1948; ii) 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; iii) 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; (CARRIED AS A REFERENCE) 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.
CM 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.
CM 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.

CN44 22	
CM 186	Motion by TOWER HAMLETS DIVISION: That this meeting supports the demand of
CN4 20C	other health unions for a 15% pay rise for NHS workers.
CM 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. (CARRIED AS A REFERENCE)
CM 320	Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting notes with great
CIVI 320	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.
CM 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
ENA 1	as well as the regular convening of Safety Committees.
EM 1	That this meeting calls on the BMA to support the American Medical Association in
	opposition to the Texas laws Senate Bill 8 and Senate Bill 4.

EM 2	That this meeting notes the UK's impressive COVID-19 vaccine rollout and the
_	announcement on 13th September 2021 that all UK Governments will extend the
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	programme to all 12-15 year olds. We further note that the UK Government's
	commitment, announced at G7 earlier this year, to send 100 million vaccines
	overseas to support efforts for global vaccine equity, with 30 million due to be sent
	by the end of 2021, has been widely acknowledged as insufficient by the
	international community. We therefore call on the UK Government to:-
	i) make an immediate assessment of how many vaccines are held in surplus over
	and above the amount needed to complete the planned domestic rollout and to
	make this information publicly available;
	ii) urgently publish detailed plans for ensuring that these surplus doses reach low-
	resource countries where priority groups, including healthcare workers, have yet to
	be vaccinated as soon as possible and ideally before the end of 2021;
	iii) work closely with the World Health Organization's COVAX initiative to ensure
	that vaccines are distributed equitably to those most in need and avoid engaging in
	vaccine diplomacy;
	iv) call for an emergency G7 summit to mobilise the world's most wealthy nations
	to immediately share surplus vaccine doses globally.