

Annual Representative Meeting 2022

Agenda

27 – 29 June 2022

Hybrid conference:

The Brighton Centre, Brighton

Virtual platform

*Fighting for our rights,
fighting for our future*

BMA COUNSELLING AND PEER SUPPORT SERVICES: 0330 123 1245

#ARM2022

Our behaviour principles

It is the responsibility of BMA members to role model and promote positive behaviours, and to encourage a culture of inclusion and respect at the BMA. The behaviour principles that have been created by members for members and that the BMA has committed to upholding are:

- **Be professional**
- **Be accountable**
- **Be kind**
- **Be representative**
- **Respect others**

These principles should be kept in mind and role modelled whenever representing the BMA and interacting with fellow members. They can be put into practice in many ways.



Be professional

- Attend and actively participate in meetings by listening, being present and contributing
- Mentor and support new members
- Prepare for meetings by reading papers ahead of time
- Remember that the expected professional behaviours of a doctor apply to your BMA roles also
- Be open to collaborative working, listening and learning from others

Be accountable

- Challenge constructively – when making a point or providing feedback consider the time, the place and the impact on others
- Actively disclose and manage any potential conflicts of interest
- Explain your decisions and actions to your constituents
- Maintain and respect confidentiality
- Support democratic decisions in public – debate in private, but respect and stand by collective decisions
- Take personal responsibility for your behaviour and the impact it may have on others
- Be constructive and keep to the topic – do not dominate conversations and restate the same arguments

Be kind

- Be welcoming and inclusive of others, particularly new members
- Challenge disrespectful behaviour appropriately – do not humiliate or degrade others
- Recognise positive behaviour from colleagues
- Remember to criticise ideas, not people

Be representative

- Act in the best interest of members
- Be aware of who is being represented in the room and whose ideas are most prominent within discussions
- Where possible, seek the views of those you represent on the issues that affect them and take them into account when voting, even if you don't personally agree with them
- Take care in public to ensure that your personal views are not interpreted as BMA views
- Where possible, share relevant information and feed back any outcomes that are not confidential to your constituents

Respect others

- Avoid dominating conversations and instead make space for others to speak, especially as chair
- Be open to others' ideas and opinions
- Be prepared to change your mind
- Remember that everyone has a right to contribute and should be encouraged to do so
- Help to create a collaborative environment in which everyone can respectfully and constructively be honest and express differences of opinion or dissent
- Listen to one another and do not interrupt
- Value all contributions, including viewpoints that differ from your own

We encourage all our members to listen to the following Ted talk by Dr Chris Turner – 'Civility saves lives' – www.ted.com/talks/chris_turner_when_rudeness_in_teams_turns_deadly/up-next?language=en



British Medical Association

Agenda of the Annual Representative Meeting

to be held in a hybrid format (in person/virtual)

Monday 27 June 2022 until Wednesday 29 June 2022

*Fighting for our rights,
fighting for our future*

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.

REFLECTION

Monday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

OPENING OF THE MEETING

Monday 9.00 – 9.18

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

PROCEDURES, PROCESSES 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 2022 "hybrid" meeting;
 - ii) that the precincts of the meeting be regarded as the whole of the conference centre and those members registered as representatives to the ARM and logged in on 27 to 29 June 2022;
 - iii) the timetable for elections to be carried out during the meeting as set out in ARM5;
 - iv) 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 (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, 27 June 2022.
- 2 **Confirm:** Minutes of the BMA Annual Representative Meeting held on 13 and 14 September 2021 (ARM12 on the website and on the ARM app).
- 3 **Receive:** That the reports from branches of practice for the session 2021-22 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 27 June 2022 - AM

08:55 Reflection (page 1)

09:00 Welcome and opening of the meeting (pages 3-5, items 1-6)

09:18 One minute's silence in remembrance (page 5)

09:20 Keynote address by the BMA council chair, Dr Chaand Nagpaul (page 5)

09:45 Pandemic preparedness and response (pages 6-7, items 7-9)

10:30 Culture, inclusion and diversity (page 7, items 10-11)

11:00 Break

11:15 Workforce (pages 8-9, items 12-14)

12:00 Pensions (page 9, items 15-16)

12:30 Doctors' pay and contracts (pages 9-10, items 17-19)

13:15 Session closes

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Monday 27 June 2022 - PM

14:30 Speeches for the candidates in the election of the Treasurer, Representative Body Chair
and Deputy Representative Body Chair (page 11)
15:15 Science, health and society (page 11, items 20-21)
15:45 Break
16:00 Safe doctors, safer patients (pages 11-12, items 22-24)
16:45 Medicine and government (page 12, item 25)
17:00 Forensic and secure environments (pages 12-13, item 26)
17:15 Articles and Bye-laws (page 13, items 27-32)
17:45 Close of the meeting

Tuesday 28 June 2022 - AM

08:55 Reflection (page 14)
09:00 Professional regulation, appraisal and the General Medical Council (page 14, item 33)
09:15 Retired members (page 14, item 34)
09:30 Health Information, management and information technology (pages 14-15, item 35)
09:45 National Health Service (page 15, items 36-38)
10:30 Wales (page 15, item 39)
10:45 Motion on appointment of the BMA president for 2023-2024 session (page 16, item 40)
10:50 Installation of the president (page 16)
11:00 Break
11:15 General practice (pages 16-17, items 41-42)
11:45 BMA Structure and function (page 17, items 43-44)
12:20 Annual General Meeting (AGM) (page 17)
12:30 Session closes

Tuesday 28 June 2022 - PM

13:45 Medical ethics and human rights (page 18, items 45-46)
14:15 Northern Ireland (page 18, item 47)
14:30 AFC (page 18, item 48)
14:45 International (pages 19-20, items 49-52)
15:45 Break
16:00 Council chair Q&A (page 20)
16:15 Junior doctors (pages 20-21, items 53-54)
16:45 Staff, associate specialists and specialty doctors (page 21, items 55-56)
17:15 'A' motions (pages 21-23, items 57-69)
17:30 Close of the meeting

Wednesday 29 June 2022 - AM

08:55 Reflection (page 24)
09:00 Finances of the Association (page 24, items 70-73)
09:30 Treasurer Q&A (page 24)
09:45 Public health medicine (pages 24-25, items 74-76)
10:30 Break

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10:45 Community and mental health (pages 25-26, items 77-78)
11:15 Training and education (page 27, items 79-81)
12:00 Session closes

Wednesday 29 June 2022 - PM

13:00 Medical Students (page 28, items 82-83)
13:30 Medical academic staff (page 28, item 84)
13:45 Motions arising from the ARM (page 28)
14:15 Break
14:30 Motions arising from the ARM (continued) (page 29)
15:45 Closing business (page 29, item 85)
16:00 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.

ONE MINUTE'S SILENCE IN REMEMBRANCE	Monday 9.18 – 9.19
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KEYNOTE ADDRESS FROM BMA COUNCIL CHAIR

Monday 9.20 – 9.45

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

PANDEMIC PREPAREDNESS AND RESPONSE

Monday 9.45 – 10.30

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| UK | * 7 | <p>Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY LAMBETH, SOUTHWARK & LEWISHAM DIVISION): That this meeting believes that Covid-19 has not gone away and calls on the BMA to lobby for:-</p> <ul style="list-style-type: none"> i) free high quality appropriate PPE for NHS workers, including in primary care; ii) free lateral flow testing for NHS and social care staff; iii) free PCR testing for people with symptoms; iv) full funding for ongoing comprehensive Office for National Statistics household surveillance; v) support for self-isolation including raising statutory sick pay. vi) regular Covid-19 vaccine boosters available for all health and social care staff particularly those who are in direct patient contact situations. |
| UK | 7a | <p>Motion by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that Covid-19 has not gone away and calls on the BMA to lobby for:-</p> <ul style="list-style-type: none"> i) free high quality PPE for NHS workers, including in primary care; ii) free lateral flow testing for NHS and social care staff; iii) free PCR testing for people with symptoms; iv) full funding for ongoing comprehensive Office for National Statistics household surveillance; v) support for self-isolation including raising statutory sick pay. |
| UK | 7b | <p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting gravely concerned about the persisting high prevalence of Covid-19 infection in the community. We ask the BMA to continue to persuade government to:-</p> <ul style="list-style-type: none"> i) continue regular free testing for health and social care staff and not to have to pay for testing required for healthcare work; ii) continue to advocate the use of appropriate PPE in clinical areas; iii) offer regular Covid-19 vaccine boosters for all health and social care staff particularly those who are in direct patient contact situations. |
| UK | 8 | <p>Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting calls on the UK Secretary of State for Health and those of the devolved nations to act via regulation and funding to ensure the safety of staff and patients from continuing Covid risk and future local outbreaks. Specifically, we call for:-</p> <ul style="list-style-type: none"> i) regulation and funding for mandatory rapid and reliable Covid 19 testing for all Emergency Department patients likely to be admitted; ii) institution and funding of additional staffed bed capacity to isolate Covid positive patients, reducing and preventing iatrogenic Covid-19 outbreaks; iii) continued funding of asymptomatic staff testing and rapid symptomatic testing in both Primary and Secondary care to enable maintenance of services to patients, Covid recovery and alleviation of NHS waiting lists. |

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- UK * 9 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY NORTH WEST REGIONAL COUNCIL): That this meeting:-
i) demands that the Covid inquiry by Baroness Hallett takes evidence from a wide range of stakeholders, that all the evidence is made public, and that the final report is truly independent without any interference from government;
ii) expects that the Covid inquiry by Baroness Hallett, will address the issues of deaths of BAME healthcare workers as well as BAME individuals in the general population and asks the BMA to highlight these matters in its own submission.
- UK 9a **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting demands that the Covid inquiry by Baroness Hallett takes evidence from a wide range of stakeholders, that all the evidence is made public, and that the final report is truly independent without any interference from government.
- UK 9b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting expects that the Covid inquiry by Baroness Hallett, will address the issues of deaths of BAME healthcare workers as well as BAME individuals in the general population and asks the BMA to highlight these matters in its own submission.

CULTURE, INCLUSION AND DIVERSITY

Monday 10.30 – 11.00

- UK 10 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that there exists a mistrust of the medical establishment among certain religious and racial minorities, demonstrated by high rates of vaccine hesitancy among Black, Black British and Muslim-identifying adults. In light of the increased burden of Covid-19 among the aforementioned communities, we call upon the BMA to:-
i) acknowledge that the basis for this mistrust cannot solely be attributed to misinformation or lack of education;
ii) take accountability for the contribution the UK medical establishment has played in creating this mistrust, by acknowledging the history of unethical healthcare research in Black populations, the under-representation of minorities in clinical trials, and experience of discrimination in the NHS;
iii) implore NHS trusts and health boards to focus specifically on building trust with these communities, through engaging with culturally relevant public health outreach, forging partnerships with local religious and community leaders, and working with policymakers and researchers to support development of community trust-building practices.
- UK 11 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting is concerned by reports of NHS managers telling some staff to adopt a work name that is more easily pronounceable, asserts that any such request is totally unacceptable, and mandates the BMA to object robustly if such practices are ever repeated.

BREAK

Monday 11.00 – 11.15

WORKFORCE

Monday 11.15 – 12.00

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| UK | 12 | <p>Motion by ISLINGTON DIVISION: That this meeting notes that the NHS faces the biggest backlog of cases since records began but at the same time has no workforce plan to deal with them. We demand that the governments:-</p> <ul style="list-style-type: none"> i) urgently puts in place a workforce plan to help stabilise the NHS and deal with the accumulated backlog; ii) drops unrealistic targets that put impossible pressures on existing NHS staff; iii) take the money that is destined to pay the private sector to do NHS work and invests it in expanding the capacity of the NHS; iv) invest money in recruiting and training NHS staff; v) invest money to help retain the NHS staff we already have. |
| UK | * 13 | <p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is extremely concerned by the unacceptably high levels of doctor burnout in GMC and BMA surveys and demands that UK Governments must require all NHS employers to:-</p> <ul style="list-style-type: none"> i) conduct exit interviews using an evidence-based tool that has been specifically designed to identify stressors in junior doctors and can help pinpoint drivers for resignations (e.g. the DEStress instrument); ii) take immediate action to alleviate the stressors that are driving junior doctor burnout and resignations; iii) publish the anonymised results of exit interviews via an open access national database, to allow the analysis of the drivers for burnout and resignation, and to enable job applicants to compare employment conditions at different NHS employers; iv) create and subscribe to new national NHS platforms that share employees' views on their employing organisations' management and culture (similar to the Glassdoor's "Best Places to Work" UK webpage), to further incentivise employers to respond to concerns." |
| UK | 13a | <p>Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting is extremely concerned about the high levels of junior doctor burnout highlighted in the 2021 GMC training survey. Burnout not only harms patient care but ultimately can also lead to junior doctors leaving medicine. Therefore, all NHS Employers must be required to use an agreed evidence-based tool (such as the DEStress instrument-Award ID: NIHR 300215) to identify, publish and alleviate the stressors that exacerbate burnout to prevent an exodus of junior doctors.</p> <p>This meeting demands that UK Governments must require all NHS Employers to:-</p> <ul style="list-style-type: none"> i) conduct exit interviews using an evidence-based tool that has been specifically designed to identify stressors in junior doctors and can help pinpoint drivers for resignations (e.g. the DEStress instrument); ii) take immediate action to alleviate the stressors that are driving junior doctor burnout and resignations; iii) publish the anonymised results of exit interviews via an open access national database, to allow the analysis of the drivers for burnout and resignation, and to enable job applicants to compare employment conditions at different NHS employers; iv) create and subscribe to new national NHS platforms that share employees' views on their employing organisation's management and culture (similar to the Glassdoor's Best Places to Work UK webpage), to further incentivise employers to respond to concerns. |

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- UK 14 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is seriously concerned that in the 'Delivery plan for tackling the COVID-19 backlog of elective care' there is no plan to increase NHS workforce members and demands:-
- i) the government now urgently recognises this serious omission and stops neglecting calls for independent workforce assessments as also advocated by the Health and Social Care Select Committee;
 - ii) council enters into discussion with the Secretary of State for Health and Social Care and ensures the government urgently now recognises and enacts urgently on this parlous workforce situation.

PENSIONS

Monday 12.00 – 12.30

- UK 15 **Motion** by SASC CONFERENCE AGENDA COMMITTEE: That this meeting demands that the BMA ensures that the remedial measures following the McCloud judgement should be expedited and that all senior doctors be able to assess their tax liability with the recalculated annual benefit statements for the remedy period (2015-2022).

- EN * 16 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting notes the significant number of senior doctors who are coming off the pension scheme and still working for the NHS to deliver high quality care to the UK population due to punitive pension taxation and insists all NHS employers offer pension recycling.

- UK 16a **Motion** by WELSH COUNCIL: That this meeting insists that the 6.3% centrally funded part of employer contributions for NHS pensions following the revaluation from April 2019 is a part of the total employee reward and demands that where scheme members withdraw from the scheme and agree recycling this should be included as part of the taxable payment to the member.

DOCTORS' PAY AND CONTRACTS

Monday 12.30 – 13.15

- UK * 17 **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting notes with horror that all doctors' pay has fallen against RPI since 2008 to the tune of up to 30%. This represents a career earnings loss amounting to millions of pounds for each of us. We mandate the BMA to achieve pay restoration to 2007 value for its members within the next 5 years and to evidence its progress against this aim at every ARM until restoration is achieved.

- UK 17a **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes with horror that all doctors' pay has fallen against RPI since 2008 to the tune of up to 30%. This represents a career earnings loss amounting to millions of pounds for each of us. We mandate the BMA to achieve pay restoration to 2007 value for its members within the next 5 years and to evidence its progress against this aim at every ARM until restoration is achieved (thereafter every BoPs pay change against RPI should be reported to ARM annually to ensure this never happens again).

- UK 17b **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting urges the BMA to campaign for full pay restoration for all NHS staff, coupled with removal of the unfair pension constraints which have driven a reduction in hours and early retirement for many doctors.

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- UK 18 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the poor working conditions faced by many Resident Medical Officers and similar postholders, welcomes initial work by the member relations team to address this and calls on the BMA to deepen its work to improve the treatment of these doctors by:-
- i) launching a co-ordinated campaign which aims to improve their terms and conditions and recruit them into membership;
 - ii) opening dialogue with the main employing organisations and their main customers to press for improvements;
 - iii) encouraging employers to use only agencies that provide fair terms and safe conditions;
 - iv) persuading employers to convert these roles to more suitable national or locally standardised contracts where required for longer term use;
 - v) continuing to call for proper regulation of the ethical international recruitment of doctors by these agencies.
- EN 19 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting welcomes proposals in the People Plan, noted in NHS Employers' advice that employers and unions should work together to develop options for flexible working, but is concerned that flexible working is still not sufficiently supported at local level to make this a viable option for many doctors and calls for:-
- i) urgent work to be undertaken with NHS Employers and Health Education England to produce guidance on shift patterns, multi-site working and contracts for medical staff with additional caring responsibilities, supported by a national campaign;
 - ii) LNCs to work with Guardians of Safe Working Hours and Trusts to identify medical staff who have additional caring responsibilities and proactively support this cohort with reasonable adjustments to include job offers with reasonable working patterns and working locations, to be agreed in advance with individuals.

Session closes

Monday 13.15

Monday 14.30 – 15.15

**SPEECHES FOR THE CANDIDATES IN THE ELECTION OF THE TREASURER,
REPRESENTATIVE BODY CHAIR AND REPRESENTATIVE BODY DEPUTY CHAIR**

Candidates will be invited to give speeches of up to five minutes in support of their nominations, to be timed by the BMA Returning Officer.

SCIENCE, HEALTH AND SOCIETY

Monday 15.15 – 15.45

- UK 20 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the significant challenges faced by the parents of premature babies and calls for the BMA to actively lobby for:
- i) urgent implementation to the proposed changes to statutory parental pay for the parents of premature babies announced in March 2020;
 - ii) access to paid statutory parental leave for the full duration of the inpatient neonatal admission for both parents;
 - iii) change to legislation so that non-compulsory maternity leave does not have to start until the point of the baby's discharge from the neonatal admission;
 - iv) occupational parental leave for prematurity for NHS staff to be paid at the level of full pay for the duration of the inpatient neonatal admission;
 - v) paternity leave not to be consumed in the provision of any parental leave for prematurity for the inpatient stay, to allow the other parent to take this on or after discharge.

- UK 21 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting acknowledges the Levelling Up agenda but is seriously concerned there has been no reduction over the last five years in the number of years people in the UK live in poor health and believes:-
- i) it is vital the UK governments make a fundamental change in direction to achieve its pledge of increasing healthy life expectancy;
 - ii) the UK governments must now urgently create social and economic conditions to enable healthier lives through assured jobs, satisfactory, acceptable housing, first class education and adequate incomes;
 - iii) health considerations must now be factored into all UK governments department policies.

BREAK

Monday 15.45 – 16.00

SAFE DOCTORS, SAFER PATIENTS

Monday 16.00 – 16.45

- UK 22 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting recognises the damage inflicted on healthcare workers by abusive patients and relatives, and malicious complaints, and calls for:-
- i) greater awareness of the prevalence of abuse towards healthcare staff;
 - ii) greater support should be offered to clinicians who are victim of abuse and malicious complaints;
 - iii) routine provision of self-defence training should be available for all clinical staff;
 - iv) stiffer sentences for those who attack healthcare workers;

v) support for healthcare workers who are victim of slanderous / malicious complaints.

UK 23 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting is extremely concerned at the current psychological health and wellbeing of doctors, many of whom have sustained moral injury, and mandates the BMA to negotiate for a “right to be disconnected” giving doctors proper downtime to recover and recuperate.

UK 24 **Motion** by TOWER HAMLETS DIVISION: That this meeting:-
 i) believes that all health and social care workers should be vaccinated against common serious and communicable diseases unless medically contraindicated;
 ii) calls on the BMA to lobby for a targeted approach addressing vaccine hesitancy in different groups of health and social care workers;
 iii) believes that all principles of informed consent apply to the offer of vaccination to health and social care workers;
 iv) opposes the legally mandated vaccination of healthcare workers;
 v) does not believe vaccination should be a blanket condition of employment for health and social care workers;
 vi) calls on employers to work with unvaccinated staff to minimise risk to patients and other staff whilst maintaining as far as possible individuals' terms and conditions of employment.

MEDICINE AND GOVERNMENT

Monday 16.45 – 17.00

EN 25 **Motion** by LONDON REGIONAL COUNCIL: That this meeting reiterates our opposition to the Health & Care Bill as the wrong bill at the wrong time. In particular, we call on BMA Council to continue to lobby for:-
 i) the instigation of a duty on the Secretary of State for Health to have transparent regular independent workforce planning;
 ii) removal of the Secretary of State's new executive powers vis a vis service reconfigurations and tendering and awarding of contracts;
 iii) the extension of transparency rules to ensure corporate providers cannot unduly influence key priorities & commissioning decisions;
 iv) the re-instatement of a universal, comprehensive, publicly funded, publicly provided NHS.

FORENSIC AND SECURE ENVIRONMENTS

Monday 17.00 – 17.15

EN WA 26 **Motion** by LONDON REGIONAL COUNCIL: That this meeting believes that there is a dwindling availability of pathologists to carry out post-mortem examinations at the request of Her Majesty’s Coroners in England and Wales. The vast majority of these autopsies are carried out by histopathologists (coroners' pathologists). Most of the work for coroners is not usually conducted under their formal contracts or job plans, but independently. In order to avoid a complete collapse of the service and given that the fee for autopsy work, paid by the local authority, has not increased in line with inflation over decades this meeting:-
 i) demands that the UK Government names the government department to take responsibility for this part of the service;
 ii) calls for the BMA to negotiate a substantial rise in the fees associated with coroners post-mortems in England and Wales;

iii) calls on the government to adequately fund this through the local authorities in England and Wales.

ARTICLES AND BYE-LAWS

Monday 17.15 – 17.45

Articles

- 27 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to articles 14 (3) (a) & (b) 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 72 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.
- 29 **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.
- 30 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to article 85 (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.
- 31 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to article 85 (2) 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

- 32 **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 5 committees and other bodies of the association in the manner shown in appendix III of document ARM1A;
 - ii) 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).

Session closes

Monday 17.45

REFLECTION

Tuesday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

Tuesday 9.00 – 9.15

PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL

- UK 33 **Motion** by CONSULTANTS CONFERENCE: That this meeting calls on the BMA to demand that the GMC fitness to practice procedures:-
- i) focus investigations on referrals alleging significant breaches of Good Medical Practice;
 - ii) conduct all investigations in a more timely manner than is currently the case;
 - iii) do not impose sanctions on vulnerable doctors in order to send a message to the wider medical profession;
 - iv) commit to trauma-informed practice, recognising the impact of their investigations on subjects;
 - v) commit to, at the very least, direct fact finding with the subjects of their investigations rather than relying entirely on 3rd party contributions to make their decisions.

RETIRED MEMBERS

Tuesday 9.15 – 9.30

- UK 34 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting notes that as doctors retire earlier than in previous years, they are not continuing their membership of the Association and calls on the BMA to negotiate more benefits for retired members that will attract them to continue with their subscriptions and for the Association to continue to call on the experience and expertise.

Tuesday 9.30 – 9.45

HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

- UK * 35 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY LAMBETH, SOUTHWARK AND LEWISHAM DIVISION): That this meeting recognises the successful aspects of remote working initiated during the pandemic and the inadequacy in both number and quality of in-hospital technology set-ups to enable remote meetings/teaching etc and:-
- i) believes that there needs to be significant investment in fit-for-purpose digital technology;
 - ii) calls on the BMA to campaign for investment in hardware, software and IT support to enable remote working;
 - iii) demands that the BMA negotiate for better provision of quiet places with a computer setup which will allow full engagement (audio-visual) with such meetings within short distances of members' place of work.

Agenda of the ARM

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UK 35a **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that there needs to be significant investment in fit-for-purpose digital technology including hardware, software and IT support to enable the NHS to build on the successful aspects of remote working that were initiated during the pandemic and calls on the BMA to campaign for this.

UK 35b **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting highlights the inadequacy in both number and quality of in-hospital technology set-ups to enable remote meetings/teaching etc. We demand that the BMA negotiate for better provision of quiet places with a computer setup which will allow full engagement (audio-visual) with such meetings within short distances of members' place of work.

NATIONAL HEALTH SERVICE

Tuesday 9.45 – 10.30

UK 36 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes the NHS initiative on a 'Net Zero Health Service' is laudable in addressing the serious health problems that have arisen through climate change and asks:-
i) to know in clear terms how the BMA aims to achieve a similar target;
ii) the NHS within the four nations to give regular reports on how targets are being achieved;
iii) each government to commit funds to help achieve the net zero targets.

EN 37 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting insists that waiting lists are not an opening in the NHS for the private sector. We are concerned that outsourcing (or in-sourcing) risks detriment to our members' training, pay and conditions and to patients' quality and continuity of care. We ask the BMA:-
i) to publish its outsourcing report widely among politicians, ICSs, patient/interest groups and other healthcare leaders to sound the alarm over the risks of outsourcing to England's NHS;
ii) to insist in the strongest possible terms that this work is extra-contractual and ensure members are given highly favourable terms (including pay) for it;
iii) to ensure that there is no detriment to training due to waiting list work because no training today means no senior doctors tomorrow.

EN * 38 **Motion** by GREAT YARMOUTH & WAVENEY DIVISION: That this meeting recommends that all ICS boards should have representation from LNC and LMCs to ensure clinical input in future plans for service delivery.

EN 38a **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that Local Medical Committee representatives should have participant status on new Integrated Care Boards, should they come to pass.

WALES

Tuesday 10.30 – 10.45

WA 39 **Motion** by NORTH EAST WALES DIVISION: That there is a recruitment crisis in primary care in Wales that needs urgent action by the Welsh Government by way of improving terms and conditions of service and use of incentives to attract applicants in addition to increasing training places at undergraduate and post graduate levels.

APPOINTMENT OF THE BMA PRESIDENT

Tuesday 10.45 – 10.50

- 40 **Motion** by COUNCIL: That Professor Sir Ian Gilmore be appointed BMA president for the session 2023-24.

INSTALLATION OF THE PRESIDENT FOR 2022-2023 SESSION

Tuesday 10.50 – 11.00

Acting representative body chair, Latifa Patel to give thanks to retiring president, Professor Neena Modi and welcome to new president for 2022-2023 session, Professor Martin McKee.

BREAK

Tuesday 11.00 – 11.15

GENERAL PRACTICE

Tuesday 11.15 – 11.45

- EN * 41 **Motion** by LONDON REGIONAL COUNCIL: That this meeting supports GPs fighting to defend the GMS contract and NHS independent contractor status. The long-term GP-patient relationship and the right for GPs to control their workload in a safe way, is essential for the future of general practice. We applaud the South Staffordshire motion passed at the 2021 LMC conference which called for GPCE to negotiate the end of the Primary Care Networks (PCNS) from 2023 as they ‘pose an existential threat to independent contractor status’ and this meeting:-
 i) calls on GPCE and the BMA to organise the withdrawal of GP practices from the PCNs by 2023;
 ii) calls for PCN funding to be moved into the core contract;
 iii) instructs GPC England to act upon the GP ballot of 2021 and to organise opposition to the imposition of the new contract including industrial action if necessary.
- EN 41a **Motion** by LONDON REGIONAL COUNCIL: That this meeting supports GPs fighting to defend the GMS contract and NHS independent contractor status. The long-term GP-patient relationship and the necessary time for proper consultations and the right for GPs to control their workload in a safe way, is essential for the future of general practice. We applaud the South Staffordshire motion passed at the Nov 26 2021 LMC conference which called for GPCE to negotiate the end of the Primary Care Networks (PCNS) from 2023 as they ‘pose an existential threat to independent contractor status’ and called for PCN funding to be moved into the core contract.
- UK 42 **Motion** by CONFERENCE OF LMCS: That this meeting recognises that health care delivery in general practice is adversely impacted by the shortcomings of existing GP estates, including insufficient consultation rooms and meeting rooms and:-
 i) calls on the NHS in each of the four nations to investigate the impact of current GP estate limitations on the effective safe delivery of care and the recruitment of both clinical and non-clinical GP staff;

ii) calls on the NHS in each of the four nations to investigate the impact of the limited number of disability adapted GP consultation rooms, on the clinical care of disabled patients;

iii) instructs GPC to negotiate with the NHS in each of the four nations, to urgently provide much needed new funding to develop GP estates.

BMA STRUCTURE AND FUNCTION

Tuesday 11.45 – 12.20

UK 43 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that the BMA has failed to learn from the Romney report with many members still unable to feel proud of their union and is failing to value and support female members and members from minority groups including BAME, IMG and locum doctors. The ARM insists that the BMA produces an annual report to ARM to demonstrate improvement in all these areas.

UK * 44 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the shift to remote working and reduced commuting has had a positive impact on the environment and calls on the BMA to build on this by:-
i) continuing to invest in remote/hybrid meeting models with a view to reducing carbon footprint of meetings, whilst still working effectively and humanely;
ii) asking the Board of Science to explore the environmental impact of these changes, with a focus on engagement and education both in the BMA and within the NHS;
iii) developing new models for creating supportive networks for new and existing representatives which do not depend on face to face meetings.

UK 44a **Motion** by SASC CONFERENCE AGENDA COMMITTEE: That this meeting applauds efforts made by BMA to hybridise events and urges the association to make this its standard way of working going forwards so Celtic nations, disabled representatives and those with caring responsibilities can equally and fairly maintain involvement within the BMA.

Session closes

Tuesday 12.20

ANNUAL GENERAL MEETING

Tuesday 12.20

190th ANNUAL GENERAL MEETING to be held in the Brighton Centre, Brighton and virtually on Tuesday 28th June 2022 at 12.20 pm.

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

MEDICAL ETHICS AND HUMAN RIGHTS

Tuesday 13.45 – 14.15

- NI 45 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that the Stormont Assembly has deliberately failed to commission sufficient and safe abortion services within Northern Ireland, endangering the lives of women and depriving them of their rights, under the Human Rights Act 1998. This meeting calls on the BMA to:-
- i) recognise that the Northern Ireland Assembly has been negligent in failing to commission and adequately fund abortion services which are accessible to all women;
 - ii) recognise that the Northern Ireland Assembly has denied women their right to abortion services under the Human Rights Act 1998; and
 - iii) lobby the Stormont Assembly along with the Northern Ireland Human Rights Commission to introduce safe and accessible abortion services.
- UK 46 **Motion** by CONSULTANTS CONFERENCE: That this meeting fully accepts the judgement of the Uyghur Tribunal that the Peoples Republic of China (PRC) has committed genocide, crimes against humanity and torture of ethnic minorities, and expects the BMA to condemn these actions. The Association must work with other medical organisations and the UK Government to impose appropriate sanctions against the PRC.

NORTHERN IRELAND

Tuesday 14.15 – 14.30

- NI 47 **Motion** by NORTHERN IRELAND COUNCIL: BMA NI highlighted the failure of the department of health to prioritise patient safety issues in Northern Ireland. We call on the department of health in Northern Ireland to develop a system of patient safety to ensure that the 'system' knows what is happening' by establishing a patient safety commissioner in Northern Ireland:-
- i) to ensure oversight of patient safety issues;
 - ii) to develop valid metrics to monitor progress and compare performance in patient safety;
 - iii) to identify system weakness and subsequent improvements;
 - iv) to improve reporting mechanisms and the surrounding infrastructure.

AFC

Tuesday 14.30 – 14.45

- UK 48 **Motion** by ARMED FORCES CONFERENCE: That this meeting recognises the massive contribution of armed forces doctors to the national Covid-19 pandemic response. It does not, however, believe the 0% pay uplift awarded to medical officers in 2021 acknowledges their efforts or sacrifices at all. Accordingly, ARM:-
- i) denounces the pay pause, and believes it is unacceptable to ignore the contribution of uniformed doctors to the pandemic effort, when the same rationale was used to provide the NHS an exemption from this pause;
 - ii) calls for an inflationary award that also takes into account the uplift awarded to NHS colleagues last year.

INTERNATIONAL

Tuesday 14.45 – 15.45

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| UK | * 49 | <p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting notes the devastating and unnecessary war in Ukraine that has resulted in thousands of deaths and millions of displaced individuals. This meeting:-</p> <ul style="list-style-type: none"> i) recognises the significant biopsychosocial impact on victims of armed conflict; ii) condemns the targeting of children, pregnant women, and frail elderly in situations of armed conflict; iii) demands that armed services avoid intentionally targeting medical facilities and schools; iv) seeks greater assistance from the UK Government to support refugees fleeing from the Ukrainian conflict; v) calls for greater provision of training for Ukrainian healthcare staff; vi) calls for all parties to peacefully end hostilities. |
| UK | 49a | <p>Motion by LONDON REGIONAL COUNCIL: That this meeting recalls with horror Russia's bombing of hospitals, ambulances, medics and patients, including children and the newborns. We call out these crimes against humanity and express our solidarity with our sisters and brothers in The Ukrainian Medical Association, and the people of The Ukraine.</p> |
| UK | 49b | <p>Motion by CONSULTANTS CONFERENCE: That this meeting deplores the invasion of Ukraine, a sovereign European state, by Russian armed forces and wishes to express support for the Ukrainians that are suffering the consequences of this outrageous action and solidarity with Ukrainian medical colleagues. We call on the UK government to urgently remove the immigration barriers that are preventing Ukrainian citizens from seeking refuge in the UK.</p> |
| UK | * 50 | <p>Motion by CONFERENCE OF LMCS: That this meeting celebrates and values the contribution of international medical graduates to our workforce and calls on the UK government to:-</p> <ul style="list-style-type: none"> i) support the option of relocation of the close family of NHS workers to the UK; ii) facilitate tier 2 sponsorship / skilled worker status funding for all practices across the country; iii) mandate a five year minimum visa award to doctors entering UK GP training programmes; iv) extend the duration of any existing tier 2 visa (or health and social care visa) before the planned CCT date without having trainees to secure employment for visa sponsorship; v) lobby the Driver and Vehicle Standards Agency (DVSA) to prioritise IMG GP trainees who do not hold a UK driving license for driving tests. |
| UK | 50a | <p>Motion by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting insists that the immigration provisions to support the International Medical Graduates (IMG) during the Covid pandemic should continue. Visa changes provided to International Doctors and their families should continue.</p> |

Agenda of the ARM

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- UK 50b **Motion** by WELSH COUNCIL: That this meeting deplores the difficulty that some IMGs have in getting sponsorship for tier 2 visas after they obtain their CCT in general practice in this country, and before they have worked 5 years in the UK and can apply for indefinite leave to remain. We call on the NHS in all four nations to put pressure on the home office to simplify this process so IMG GPs trained in the UK have the same employment opportunities as their UK resident peers.
- UK 51 **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting calls upon the BMA to continue its pressure on the home office in changing the stringent requirements of Adult Dependent Relative visa.
- UK * 52 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is ashamed of the UK Government's approach to and management of refugees and asylum seekers which jeopardises their physical & mental health, and:-
i) believes that this Government's approach has seriously damaged the reputation of our country;
ii) demands that the barriers (eg visa applications) preventing refugees from escaping from war affected regions should be dismantled forthwith;
iii) asks the BMA to campaign for the whole asylum application system to be overhauled to match the more humane European systems.
- UK 52a **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is ashamed of the UK Government's attitude to and inhumane management of refugees and asylum seekers which jeopardises their physical and mental health and:-
i) believes their approach has seriously damaged the reputation of our country;
ii) demands that the barriers preventing refugees escaping wars are dismantled forthwith;
iii) asks BMA to campaign for the whole asylum application system to be overhauled.

BREAK

Tuesday 15.45 – 16.00

BMA COUNCIL CHAIR'S QUESTION AND ANSWER SESSION

Tuesday 16.00 – 16.15

Opportunity for representatives to ask questions of the BMA Council chair.

JUNIOR DOCTORS

Tuesday 16.15 – 16.45

- UK 53 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that the general framework of exception reporting as set out in the 2016 Junior Doctors' Contract is flawed, and asks the BMA to negotiate to remove the involvement of the Clinical or Educational Supervisor of the doctor submitting the report, in favour of an impartial reviewer such as a College Tutor or other administrator.

- UK 54 **Motion** by GREAT YARMOUTH & WAVENEY DIVISION: That this meeting notes with concern that the UK Foundation Priority Programmes contain inaccurate descriptions of rotations for doctors applying, and that changes are made to rotations without consultation with doctors, after rotations have already been accepted/allocated. There are inconsistencies between regions in terms of whether mutually agreed rotation swaps between Foundation Year (FY) doctors is possible or facilitated. This meeting believes that:-
- i) there should be equity between regions in allowing flexibility for mutually agreed rotation swaps between FY doctors;
 - ii) there should be transparency with accurate descriptions of rotations;
 - iii) rotations should not be changed once the rotation has been offered and accepted by the FY doctor.

STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS Tuesday 16.45 – 17.15

- EN 55 **Motion** by SASC CONFERENCE AGENDA COMMITTEE: That this meeting congratulates NI the BMA on negotiating the 2021 contracts for SAS doctors and regarding the WA Specialist contract demands that the BMA further negotiates with all stakeholders (NHS Employers in England and the equivalent bodies in the nations, and the royal colleges) to:-
- i) ensure that the career progression of Specialty doctors is considered;
 - ii) not leave issues to consideration of local departments and business policies;
 - iii) make sure internal applications be allowed if the job specifications are met;
 - iv) lobby employers and Health Boards to create Specialist posts;
 - v) ensure there is a robust mechanism to support Specialty doctors;
 - vi) create guidance and pathways for Specialty doctors to help them attain the Specialist status.

- UK 56 **Motion** by SASC CONFERENCE AGENDA COMMITTEE: That this meeting requests the BMA to lobby/urge:-
- i) all stakeholders to involve the SAS group in the planning of the nationwide post-pandemic recovery;
 - ii) all NHS employers to involve all branches of practice equitably for local planning and implementation of the post-pandemic backlog work.

'A' MOTIONS Tuesday 17.15 – 17.30

- 57 **Confirm:** That the motions marked with an 'A' (items 58 - 69) have been assessed by the agenda committee to be either existing policy or sufficiently uncontroversial to be voted on without debate and published in the policy book, unless challenged at this point in the meeting.
- UK **A** 58 **Motion** by SHEFFIELD DIVISION: That this meeting instructs the BMA to lobby the governments so that there should be parity of access to counselling and support services for victims of rape or abuse, for people of all genders.
- UK **A** 59 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting condemns the length of the waiting time for the PLAB exam and calls on the BMA to lobby for an increase in the capacity of the PLAB examination system.

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- UK A 60 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: We call on the BMA to request NHS Pensions to send an annual allowance statement to all members of the pension scheme each year they are contributing.
- UK A 61 **Motion** by WELSH COUNCIL: That this meeting welcomes the initiative in Wales to pay a living wage to care workers and insists that all governments follow suit to address the recruitment crisis in social care which is seriously impacting on the NHS.
- UK A 62 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting is extremely concerned about lack of consistency amongst various employers to offer “facilities time” to BMA representatives and urge BMA to get agreement on standardised facilities time to BMA representatives like other trade unions.
- EN A 63 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting would like Health Education England to ensure that Trusts are able to safeguard job plan time in departments for educational and clinical supervisors to support trainees to achieve competencies required to progress post-Covid.
- EN A 64 **Motion** by PUBLIC HEALTH CONFERENCE: That this meeting recognises that physical punishment can damage children’s health and wellbeing, believes that children in all parts of the UK should have full legal protection from physical punishment and is pleased to note that all forms of physical punishment of children is now against the law in Scotland and Wales and:-
i) agrees that children in England and Northern Ireland should also have full legal protection from physical punishment;
ii) calls on the BMA to advocate for this change in the law in England and Northern Ireland, in line with legislation in Scotland and Wales.
- UK A 65 **Motion** by NORTH EAST REGIONAL COUNCIL: Approximately 2.5 million people received three days' worth of emergency food from a Trussell Trust foodbank in 2020/21. One in three UK children (4.1 million) live in poverty, and 2.5 million children live in food insecure households. That this meeting:-
i) praises the Trussell Trust for highlighting the food poverty crisis within the UK;
ii) commends organisations who provide families with emergency food;
iii) affirms that no child in the UK should go to bed hungry;
iv) supports the increased provision of healthy free school meals;
v) condemns repeated governmental failures to tackle food poverty and associated health inequalities;
vi) demands urgent cross-party government action to end child food poverty.
- UK A 66 **Motion** by CONFERENCE OF LMCS: That this meeting applauds the efforts of health and care workers during the pandemic, and:-
i) praises general practice for continuing to deliver safe and effective healthcare throughout, including face to face consultations where appropriate, alongside the vaccination programme;
ii) condemns the ill-informed and unwarranted negativity and hostility by the press and on social media towards general practice;
iii) demands more action from government to prevent the abuse of GPs and their staff.

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- UK **A** 67 **Motion** by NORTH DEVON DIVISION: That this meeting commends the courage and dedication of health personnel in areas of conflict across the world, and deplores intimidation and attacks on health staff, facilities and transport.
- UK **A** 68 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting applauds the actions, dedication and courage of healthcare workers in Ukraine and demands that Russia's military respects medical neutrality and international humanitarian law.
- UK **A** 69 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting stands in solidarity with our Ukrainian health colleagues and all those suffering as a consequence of the war against Ukraine.

Session closes

Tuesday 17.30

REFLECTION

Wednesday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

FINANCES OF THE ASSOCIATION

Wednesday 9.00 – 9.30

- 70 **Receive:** That the report from the BMA treasurer, Dr Trevor Pickersgill, for the session 2022-23 is available from the website.
- 71 **Motion** by TREASURER: That the subscriptions outlined in document ARM1B (appendix V) be approved from 1 October 2022.
- 72 **Motion** by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2021 as published on the website be approved.
- UK 73 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting asks the BMA to offer free membership to International Medical Graduates for the first year of U.K. residency similar to the offer to first year medical students.

BMA TREASURER'S QUESTION AND ANSWER SESSION

Wednesday 9.30 – 9.45

Opportunity for representatives to ask questions of the BMA treasurer.

PUBLIC HEALTH MEDICINE

Wednesday 9.45 – 10.30

- EN 74 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the large burden of morbidity and possibly mortality caused by harmful gambling. The regulation of gambling is inadequate, neither preventing people especially young persons becoming gamblers nor effectively managing people who have developed problems. The meeting calls for the following action:-
- i) coroners should be allowed to cite gambling as a factor in suicides;
 - ii) clinicians, including medical students, should receive more training on the identification and management of gambling as a health risk;
 - iii) the capacity of the fifteen NHS clinics should be expanded significantly and must include a specific pathway for doctors with gambling disorder.
- UK 75 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting finds it unacceptable that the life expectancy of UK men is 5 years less than women. The failure of the UK government and the NHS to tackle this inequality is discriminatory and we insist that the government:-
- i) provides new ring fenced funding to appropriate institutes to explore the reasons for the differences, and how they might be mitigated;
 - ii) educate the public about lifestyle measures that mitigate these differences;
 - iii) provides new ring fenced funding for pharmacological and psychological treatments that would reduce these inequalities;
 - iv) take measures necessary to remove this gender disadvantage within 20 years.

EN * 76 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE AGENDA COMMITTEE: That this meeting believes that the pandemic has demonstrated the need for professional independence, adequate capacity and greater investment across Public Health services and is very concerned that funding for these services is being cut at a time when there is an urgent need to maintain adequate health protection structures with pandemic surge capacity, address health inequalities, prevent ill health and optimise local services to tackle the NHS backlog. This meeting therefore calls on the UK governments to:-

- i) increase the local public health grant in England by an additional £1.4 bn per year by 2024/25, so that the wider determinants of ill health can be addressed at local level and vital primary and secondary prevention services, such as those supporting smoking cessation, can be restored;
- ii) as a minimum, maintain the levels of funding which went to PHE, in the financial settlement for the new organisations of UKHSA and OHID, so that appropriate health intelligence, health protection and health improvement services can be established centrally, regionally and locally;
- iii) uphold and not obstruct the professional duty of Public Health Consultants to speak out, advise and publish freely in the interests of the public's health;
- iv) advise all ICBs to appoint a properly qualified and appropriately registered Public Health Consultant, to ensure that the needs of the whole ICS population are considered and prioritised effectively in commissioning health and social care services;
- v) ensure that health is considered in policy development across all government departments, including mandating health impact assessments for all new policies.

[NB: Motion submitted by public health medicine agenda committee and not public health medicine conference as the conference is scheduled after the publication of the ARM agenda]

EN 76a **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting notes that prevention is one of the key pillars in the road to recovery plan and is strongly of the view that public health is key to any prevention strategy and demands:-

- i) there must be significant public health expertise and advice to ICS boards because of the serious omission of statutory independent public health input on the board;
- ii) Council strongly advocates for an increase in public health funding and infrastructure.

BREAK

Wednesday 10.30 – 10.45

COMMUNITY AND MENTAL HEALTH

Wednesday 10.45 – 11.15

UK 77 **Motion** by NORTH EAST REGIONAL COUNCIL: Adverse childhood experiences (ACEs) and trauma have profound negative effects on physical and mental health. Recent Office for National Statistics reports highlight one in five adults in England and Wales experienced abuse before aged 16 years old, and that nearly 75% of children on the child protection register reside in households where domestic abuse occurs. Failure to recognise and tackle these issues contributes to their continuation into the next generation. That this meeting calls for:-

- i) promotion of regularly updated adult and child safeguarding training to be provided for all health and social care practitioners and students;
- ii) increased provision of safe houses for survivors of domestic abuse, their children, and their pets;
- iii) integrative care pathways to be in place to support children exposed to early life adversity transitioning into adulthood;
- iv) a collaborative approach to be fostered between services to ensure that children and adults who have experienced ACEs are adequately supported with their health and social care needs;
- v) increased teaching in schools, so that children are aware of the signs of domestic abuse, exploitation, and grooming, and that they can safely report concerns to teachers, health and social care professionals, and the police.

UK	* 78	<p>Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH CENTRAL REGIONAL COUNCIL): That this meeting is concerned that the ‘hidden’ pandemic of mental illness will overwhelm mental health and primary care services for years to come. We urge the BMA to lobby NHS organisations to:-</p> <ul style="list-style-type: none"> i) immediately accept that services are not able to cope with demand and offer NICE guidance based mental health care to many who need it; ii) urgently commission and commence independent work to identify the scale of this problem; iii) develop coherent and whole system approaches, with resources, to reduce the number of people unable to access evidence based care and implement these changes; iv) commit to regular independent monitoring of progress.
EN	78a	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is dismayed by the ongoing denial of NHS England (NHSE) and the Department of Health (DoH) of the crisis engulfing mental health services. We call upon NHSE and the DoH to:-</p> <ul style="list-style-type: none"> i) immediately accept that services are not able to cope with demand and offer NICE guidance based mental health care to many who need it; ii) urgently commission and commence independent work to identify the scale of this problem; iii) develop coherent and whole system approaches, with resources, to reduce the number of people unable to access evidence based care and implement these changes; iv) commit to regular independent monitoring of progress.
UK	78b	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting is concerned that the ‘hidden’ pandemic of mental illness will overwhelm mental health and primary care services for years to come. We urge the BMA to lobby NHS organisations to ensure that the absence of current strategy to tackle the problem is converted to a clear plan to meeting the surging demand.</p>

TRAINING AND EDUCATION

Wednesday 11.15 – 12.00

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| UK | 79 | <p>Motion by LONDON REGIONAL COUNCIL: That this meeting believes whilst the BMA actively opposed the exit of the UK from the EU, in view of the UK having left the EU this meeting notes Her Majesty’s Government is proposing significant divergence of currently uniform European regulations. This meeting demands the UK governments:-</p> <ul style="list-style-type: none"> i) maintain parity with are European neighbours on the length of time of undergraduate medical education; ii) maintain association with Euratom on a par with Switzerland; iii) ensure for the future of the Health Service in this country and Europe the mutual recognition of qualifications; iv) do not change the current position of the Working Time Regulations as it applies to the Medical Profession. |
| UK | * 80 | <p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that the NHS should not be a monopoly postgraduate medical training provider and that private and “any qualified provider” status clinics and hospitals should be supported to provide accredited training opportunities to doctors at postgraduate level.</p> |
| UK | 80a | <p>Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting is concerned that outsourcing of NHS work to private providers reduces training opportunities for junior doctors and asks the BMA to lobby for all contracts for such work to include provisions for specialty training.</p> |
| EN | 81 | <p>Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that educational supervisors do not require formal postgraduate education to enable them to act in their job role. We call on the BMA to lobby Health Education England to provide funding for educational supervisors to attain postgraduate certificates in health education if they do not already hold an equivalent level of teaching qualification.</p> |

Session closes

Wednesday 12.00

MEDICAL STUDENTS

Wednesday 13.00 – 13.30

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| UK | * | 82 | Motion by LONDON REGIONAL COUNCIL: That this meeting calls upon the BMA to lobby the government to make it a legal requirement that all UK final year medical school graduates that apply to the foundation programme and pass the Situation Judgment Test be guaranteed a place on the UK Foundation Programme. |
| UK | | 82a | Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting insists that there must always be sufficient Foundation training opportunities to enable all graduating medical students who want to do so to enter postgraduate medical training and asks the BMA to press Health Education England (and its equivalents in the devolved nations) to ensure that this is the case. |
| UK | * | 83 | Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the emotional, physical, financial, and mental cost of studying medicine, particularly for students from some widening participation backgrounds. It recognises that working LTFT is an established reasonable adjustment for doctors with health conditions or caring responsibilities. It notes also the heavy burden working to fund living costs and pay fees on top of full-time studies can place on students without access to sufficient funding. It calls on the BMA to lobby medical schools to widen participation through the development of reasonable pathways to study all medical degrees part-time. |
| UK | | 83a | Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises that studying medicine less than full time is an essential prerequisite and consequence of widening participation backgrounds and calls on the BMA to lobby medical schools and registration authorities to make this possible. |

MEDICAL ACADEMIC STAFF

Wednesday 13.30 – 13.45

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| UK | 84 | Motion by NORTH EAST REGIONAL COUNCIL: That this meeting recognises the importance of clinical-based research in promoting health and wellbeing of patients and the public, and that:-
i) clinician researchers are in a unique position to link clinical priorities with academic research;
ii) the BMA should look to promote clinical research, and consider inviting universities and Deaneries to share details of clinical academic trainees, in order that this branch of practice can be highlighted by the BMA;
iii) the BMA should further promote clinical research by opening up grants for doctors wanting to undertake a Ph.D. or M.D;
iv) regrettably, clinical academics are particularly vulnerable to bullying by supervisors, particularly those working within subspecialty training, and that additional support should be provided for trainees in difficulty;
v) academic fraud is a serious matter, and that clinicians should be aware of the impact of submitting misleading papers or falsifying authorship. |
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MOTIONS ARISING FROM THE ARM

Wednesday 13.45 – 14.15

Chosen motions as voted on by the Representative Body.

Agenda of the ARM

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BREAK **Wednesday 14.15 – 14.30**

MOTIONS ARISING FROM THE ARM **Wednesday 14.30 – 15.45**

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

ENGLAND

No motions were submitted for debate in this section.

SCOTLAND

No motions were submitted for debate in this section.

CONSULTANTS

No motions were submitted for debate in this section.

PRIVATE PRACTICE

No motions were submitted for debate in this section.

OCCUPATIONAL MEDICINE

No motions were submitted for debate in this section.

PROFESSIONAL FEES

No motions were submitted for debate in this section.

CIVIL AND PUBLIC SERVICES

No motions were submitted for debate in this section.

MEDICO-LEGAL

No submitted motions were prioritised for debate in this section.

CLOSING BUSINESS **Wednesday 15.45 – 16.00**

85 **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 **Wednesday 16.00**

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