

RESOLUTIONS - 2022 ANNUAL REPRESENTATIVE MEETING

ARM agenda No.	Resolutions
70	<p>Receive: That the report from the BMA treasurer, Dr Trevor Pickersgill, for the session 2022-23 is available from the website.</p> <p style="text-align: center;">RECIEVED</p>
71	<p>Motion by TREASURER: That the subscriptions outlined in document ARM1B (appendix V) be approved from 1 October 2022.</p> <p style="text-align: center;">CARRIED</p>
72	<p>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.</p> <p style="text-align: center;">CARRIED</p>
73	<p>UK 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.</p> <p style="text-align: center;">CARRIED</p>
74	<p>EN Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS:</p> <p>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:-</p> <ul style="list-style-type: none"> 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. <p style="text-align: center;">CARRIED</p>
75	<p>UK 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:-</p>

	<p>i) provides new ring fenced funding to appropriate institutes to explore the reasons for the differences, and how they might be mitigated;</p> <p>ii) educate the public about lifestyle measures that mitigate these differences;</p> <p>iii) provides new ring fenced funding for pharmacological and psychological treatments that would reduce these inequalities;</p> <p>iv) take measures necessary to remove this gender disadvantage within 20 years.</p> <p>MOTION LOST</p>
76	<p>EN 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:-</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>v) ensure that health is considered in policy development across all government departments, including mandating health impact assessments for all new policies.</p> <p>PASSED</p>
77	<p>UK 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:-</p> <p>i) promotion of regularly updated adult and child safeguarding training to be provided for all health and social care practitioners and students;</p> <p>ii) increased provision of safe houses for survivors of domestic abuse, their children, and their pets;</p>

	<p>iii) integrative care pathways to be in place to support children exposed to early life adversity transitioning into adulthood;</p> <p>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;</p> <p>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.</p> <p>Amendment</p> <p>Proposed: Dr Mairi Reid (north west regional council rep)</p> <p>Seconded: Dr Samuel Parker (north east regional council rep)</p> <p>Part i) to read:</p> <p>‘Mandatory provision of regularly updated adult and child safeguarding training for all health and social care practitioners and students.’</p> <p>CARRIED</p>
78	<p>UK 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> <p>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;</p> <p>ii) urgently commission and commence independent work to identify the scale of this problem;</p> <p>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;</p> <p>iv) commit to regular independent monitoring of progress.</p> <p>AMENDMENT</p> <p>In part i of the motion, change the words ‘demand and offer NICE guidance’ to ‘demand or offer NICE guidance’ so part i of the motion now reads:</p> <p>i) immediately accept that services are not able to cope with demand or offer NICE guidance based mental health care to many who need it;</p> <p>CARRIED AS AMENDED</p>
79	<p>UK 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</p>

	<p>this meeting notes Her Majesty's Government is pro-posing significant divergence of currently uniform European regulations. This meeting demands the UK govern-ments:-</p> <ul style="list-style-type: none"> i) maintain parity with our 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. <p>TAKEN IN PARTS</p> <ul style="list-style-type: none"> i) carried as a reference ii) carried iii) carried iv) carried
80	<p>UK 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> <p>MOTION LOST</p>
81	<p>EN 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> <p>MOTION LOST</p>