

RESOLUTIONS - 2022 ANNUAL REPRESENTATIVE MEETING

ARM agenda No.	Resolutions
43	<p>UK 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.</p> <p>CARRIED</p>
45	<p>NI 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:-</p> <ul style="list-style-type: none"> 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. <p>CARRIED</p>
46	<p>UK 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.</p> <p>CARRIED</p>
47	<p>NI 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:-</p> <ul style="list-style-type: none"> i) to ensure oversight of patient safety issues; ii) to develop valid metrics to monitor progress and compare performance in patient safety;

	<p>iii) to identify system weakness and subsequent improvements; iv) to improve reporting mechanisms and the surrounding infrastructure.</p> <p>CARRIED</p>
48	<p>UK 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:-</p> <p>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.</p> <p>CARRIED</p>
49	<p>UK 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> <p>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.</p> <p>CARRIED</p>
50	<p>UK 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> <p>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.</p> <p>CARRIED</p>
51	<p>UK 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.</p>

	CARRIED
52	<p>UK 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:-</p> <ul style="list-style-type: none"> 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) demands that the UK Government's inhumane plan to remove refugees and asylum seekers to Rwanda be repealed; iv) asks the BMA to campaign for the whole asylum application system to be overhauled to match the more humane European systems.' <p>CARRIED</p>
53	<p>EN 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.</p> <p>(CARRIED AS A REFERENCE)</p>
54	<p>UK 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:-</p> <ul style="list-style-type: none"> 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. <p>CARRIED</p>
55	<p>EN/NI/WA Motion by SASC CONFERENCE AGENDA COMMITTEE: That this meeting congratulates the BMA on negotiating the 2021 contracts for SAS doctors and regarding the 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:-</p> <ul style="list-style-type: none"> 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;

	<p>vi) create guidance and pathways for Specialty doctors to help them attain the Specialist status.</p> <p>CARRIED</p>
56	<p>UK Motion by SASC CONFERENCE AGENDA COMMITTEE: That this meeting requests the BMA to lobby/urge:-</p> <ul style="list-style-type: none">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. <p>CARRIED</p>